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ABSTRACT

The special issue presents 13 articles dealing with art education and art therapy for special groups. Included are the following titles and authors: "Art Education for Special Groups: The Emotionally Disturbed" (E. Ulman); "You Are The Early Warning System" (C. Stember); "School Art Therapist Rationale for DPI Certification" (V. Minar); "Art Therapy and Art Education with the Underserved: A Pilot Study" (M. Hodnett); "What Is Art Therapy Anyway?" (R. Gillman); "Art Education and Art Therapy: Partners in the Classroom" (S. Gonick-Barris); "Expanding Art Experiences in Schools to Include All Children" (G. Jurgels); "The Integration of Art Therapy with Art Education" (E. Scherer); "Art With The Mentally Retarded Child: Therapy and Education" (K. Martinez); "Art Therapy: Fantasy, Fiction and Fact" (F. Anderson); "Group Art Therapy in a Making-Centered Environment for the Multi-Handicapped Child" (G. Jungels); "Art Therapy: Its Relationship to Art Education" (C. Drachnik); and "Headstart Photographers" (N. Starrels). (CL)

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THE NYSATA BULLETIN

THE OFFICIAL JOURNAL OF THE NEW YORK STATE ART TEACHERS ASSOCIATION

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U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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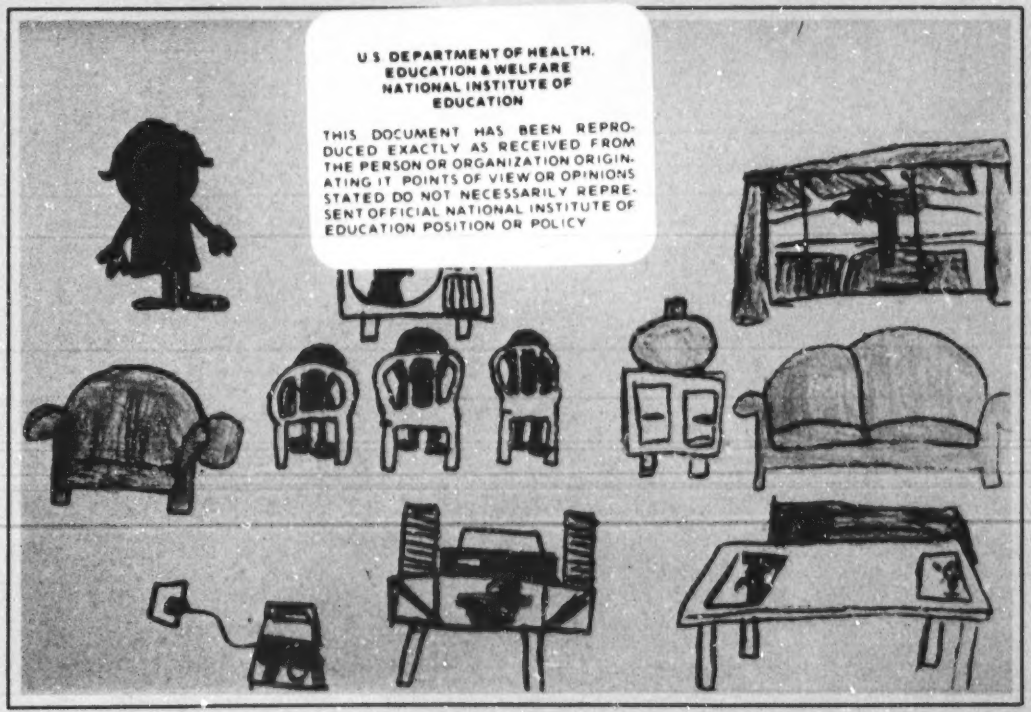

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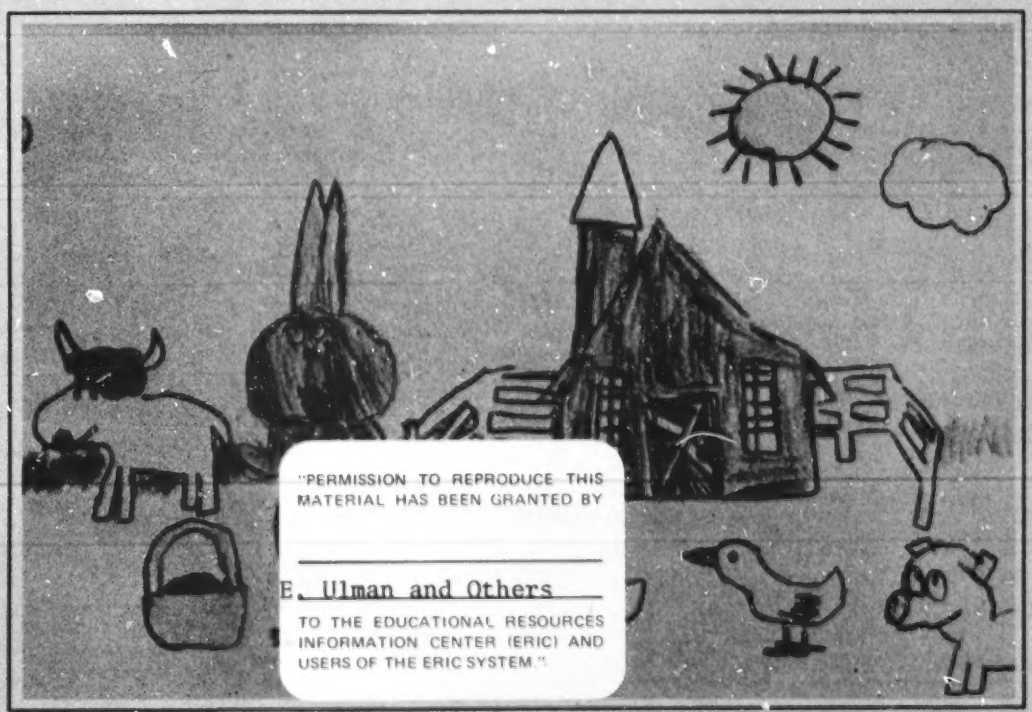

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JOHN R. ROGERS, Editor 3789 East River Road Grand Island, New York 14072

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Art Education for Special Groups: The Emotionally Disturbed

by ELINOR ULMAN, A.T.R.

Children and adolescents constitute the age group within the emotionally disturbed population most likely to receive art education. Art education is often included in the programs of the treatment centers, special schools, and special classes in regular schools where these young people are segregated. Emotionally disturbed adults, if they are offered special opportunities to work with art materials, are more often engaged in recreational, occupational, or art therapy and are not likely to be participating in art education programs.

This discussion will focus upon that aspect of art education which seeks to involve the student in making visual objects whose primary purpose is expressive rather than utilitarian. Those aspects of aesthetic education which stress art history and the critical appreciation of works of art play secondary roles.

Since the usefulness of art activity to the emotionally disturbed depends in large part on values inherent in the artistic process itself, it is difficult to make a sharp distinction between art education and a certain aspect of art therapy. Looked upon by some practitioners in both fields as incompatible, in actuality they cannot always be kept apart. The arts, after all, exist to serve the psychological needs of mankind (Kramer 1961; 1962; Site 1964).

Because both art education and art therapy not only may contribute to personal well-being but also may help develop capacities for effective artistic expression, it is important to distinguish how their approaches differ from each other. A leading art educator, Viktor Lowenfeld, pointed the way toward "a therapy specific to the means of art education [which deals with] neither the interpretation of symbols, nor a diagnosis reached by speculative inferences based on certain symbols . . . [A] *motivation used in art education therapy only differs from any other art motivation in degree and intensity and not in kind*" (Lowenfeld 1957, p. 435).

Edith Kramer, the foremost exponent of art therapy with children, believes that the therapist's skills must include competence as both artist and teacher. She defines the art therapist's special function as making creative experiences available to disturbed persons in the service of emotional health; from this definition it follows that, like the art educator, the therapist must use only such methods as are compatible with the inner laws of artistic creation. The clinically trained art therapist is, however, better equipped than the art teacher to make diagnostic contributions and to establish an intimate relationship between art activity and psychotherapy (Kramer 1958).

Margaret Naumburg, one of the earliest practitioners of art therapy and an outstanding writer on its theory and methods, has devoted much of her career to a form of intensive treatment which is much more closely allied to psychoanalytic therapy than to Lowenfeld's art education therapy. In her teaching, however, Naumburg has demonstrated that, given additional insight into problems of personality development and the implications of graphic communication, a classroom teacher may establish by means of individual drawing sessions a highly constructive relationship with a disturbed child. This procedure can lead to substantial improvement in the child's mood and behavior. Furthermore, far from interfering with the development of creative capacity, this way of using art tends to bring about progress from the strinctly aesthetic point of view, adding another dimension to artistic expression (Naumburg 1965).

This brief sampling of opinion in the field demonstrates that although spokesmen for art education and art therapy strive to maintain the distinct identity of each discipline, the boundaries they suggest are, at best, blurred. It is interesting to note that the art teacher in a special school readily becomes known as an art therapist, while the mathematics teacher in the same educational setup, however benign has influence may be, is not likely to be mistaken for an arithmetic therapist.

Art and maturation. The reason for the unavoidable overlapping of art education and art therapy lies, as has already been suggested, in the intimate relationship of the arts to the needs of the developing personality. This natural connection explains why the use of art to help repair emotional damage and to compensate for failures of development often has much in common with its use in the education of less disturbed young people.

It appears that in early life an inner chaos of feelings and impulses is matched by a likewise overwhelming chaos of sensory impressions coming from without. Every child needs to be an artist insofar as he must find a means of conceiving of himself and of the world around him and of establishing a relation between the two. Susanne Langer concluded that the function of the arts is to give form to feeling (Langer 1942). It is only through the achievement of this form-giving process that the individual can understand and master his own feelings and that feelings can be shared among individuals.

Cultural history and the developmental history of each human being alike bear witness to a universal inclination toward the arts as a means of reconciling two conflicting demands: the need for emotional release and the need to discover order and impose organization. Art results from the dynamic interplay of forces too often kept in sterile, even dangerous, isolation from each other.

The artistic process calls on the widest range of human capacities. Like maturation in general, it demands the integration of many inescapably conflicting elements, among them impulse and control, aggression and love, feeling and thinking, fantasy and reality, the unconscious and the conscious. The goal of art education is to make available to the individual resources within himself and outside of himself, and the arts serve throughout life as a meeting ground for the inner and the outer worlds.

The function of the arts has been explained in terms of numerous theories, among them the Freudian, Jungian, and gestalt psychologies. One writer may emphasize the organizing principle, another the liberation of feeling; both are essential to art and to optimum personality development. The common thread uniting these many views is recognition of the inherently integrative character of the arts, that is, their power to unite opposing forces within the personality and to help reconcile the needs of the individual with the demands of the outside world. Educators and therapists alike find here a key to understanding the value of art education in alleviating emotional disturbance (Cane 1951; Kramer 1958; Lowenfeld 1967; Schaefer-Simmern 1961; Ulman 1961).

Stunted personalities may be characterized by excessively rigid controls, by chaotic inability to resist impulse, or by a frequent alternation between these two equally crippling states. True mastery of life's tasks depends upon a disciplined freedom, whose model may be found in the artistic process.

Adaptation of art education. Art is natural to man, but its development beyong the most rudimentary beginnings is never automatic. The same principles which have guided progressive art educators since the early 1900's were later adapted to the special needs of the handicapped. Prominent among the basic tenets common to progressive art education and to what may be called, adopting Lowenfeld's terminology, an art education therapy are recognition that visual conception develops in an evolutionary manner and that each student's level of development should be respected; that motivation comes from within and should be encouraged, not imposed; that technique should be at the service of expression, not the other way round; and that the teacher's faith in the student does not militate against artistic quality but is an important factor in the development of artistic capacities.

The teacher of art to the emotionally disturbed, like all art teachers, needs to have had firsthand experience of the artistic process, for there is no other road to full understanding of the problems pupils face in their creative struggles. The teacher must also have expert knowledge of tools and materials; and he should be familiar with the developmental sequence in visual conception that appears regularly in the visual arts and with the various methods art educators and therapists have evolved to stimulate the evocative use of art

materials. Beyond this general equipment as an art educator, he may profit from whatever further knowledge of psychology, psychopathology, and psychotherapeutic principles he is able to acquire.

The function of the art educator dealing with a disturbed population varies according to the setting in which he works. In some situations the personal relationship between teacher and student, developed through the freedom of painting and the teacher's acceptance of its implied message, is one of the most important factors in the therapeutic effect. In psychiatric treatment ceters the art teacher may supply information to the psychotherapists dealing with the children and may in turn receive guidance from them. Often, however, the art teacher must work in the special classes of regular schools where no psychological counsel is likely to be available to him.

If the teacher sees to it that the children's art work is displayed, he enables art to fulfill its role as a form of communication by extending its influence into the whole community, including those who do not participate actively in the art program. When the children's art work is also used directly in psychotherapy, however, conflict between its cultural and therapeutic usefulness may arise: when art work is discussed analytically in the course of psychotherapy, the self-consciousness that results sometimes interferes with the artistic process (Kramer 1958; Bloom 1957).

Useful art activities. In conducting art activities the teacher encourages the child to delve into his own experience and to order that experience according to his individual needs, wishes, and capabilities. In the child's work, as in any complete artistic production, content and form thus become inseparably intertwined. It follows that the kind of art suitable for an art education therapy should be as free from the self-expressive or abstract academicisms of today or tomorrow as from the imitative ones of yesterday.

Occasionally, art projects involving direct collaboration among members of a group may be useful. More often, however, art provides a refuge from the demands for group participation that permeate life in schools and institutions. Unlike activities which depend on immediate cooperation and sharing, art permits indirect movement into relationship with others by way of works so intimately representative of the artist that responses to a product are responses to its maker.

Genuine artistic work may be done, at however primitive a level, by persons suffering from severe intellectual, physical, or emotional handicaps. Such limitations are not, therefore, a reason for short-circuiting the full artistic process. While the teacher may have to devise special methods to work within the limits of the child's capacities, he should never deliberately misuse art materials for the sake of easy success. The art educator opposes equally such old-fashioned home remedies as tracing or copying and modern commercial marvels like the numbered paint set. Successes that the child knows in his heart are phony undermine his belief in himself and foster his constraint and dependency. Pseudoart may yield some immediate gratification but at a high price, for it tends to make the deeper satisfactions of independent work harder—even, at times impossible—to attain (Cane 1951; Crawford 1962; Lowenfeld 1957).

The distinction between fine art and applied art, however, is an artificial one. So long as the pupil continues to realize himself through the creation and development of form, applied art has a place in art education therapy ("Therapeutic Art Programs. . ." 1967; Schaefer-Simmern 1961).

Crafts play a legitimate part in the education of the emotionally disturbed, but usually art and craft flourish best when they are kept separate, each being accorded its own dignity and special realm. The essential difference between art and craft is that, in the latter, form is imparted to matter not primarily for an expressive purpose but rather to produce, by following logical procedures, an object both beautiful and useful. In any particular activity, the elements of art and craft may be intermingled in varying proportions (Kramer 1966).

No recommendation is being made here of such devices as prefabricated ceramic molds and kitcraft, whose use is often subsumed under the misleading rubric "arts and crafts." In these activities, the element of choice so prominent in the arts is eliminated in favor of the assembly-line principle, and the loving workmanship common to both art and craft is bypassed. As with pseudoart, justification is claimed for these procedures on the ground that a finished product is bound to result; unfortunately, it tends to be a product that is often useless and is almost always ugly.

The systematic exposure of the emotionally disturbed to art of high quality in the interest of art education may have both positive and negative effects. As with all immature artists, if disturbed children are to be inspired in their work and stimulated to appreciate art by viewing adult works, the teacher's choice of examples is of crucial importance. Students whose stage of visual conceiving has not reached the level demonstrated in art works by sophisticated adults are often confused and inhibited when such art is held up to them as a model. Art and applied art deriving from primitive cultures or produced by naive adults—artists who are relatively untouched by the artistic mainstream of their culture and whose stage of visual conceiving is akin to the child's — may, however, evoke the child's spontaneous response and help him solve his own immediate artistic problems (Kramer 1958; Schaefer-Simmern 1961).

As for the teaching of aesthetic principles, it should be remembered that the rules grew out of the analysis of works of art; no work of art was ever achieved by learning the principles of design and then applying them. Profound aesthetic understanding may well depend on prior experience of the artistic process. Therefore, the focusing of attention on aesthetic principles is useful mainly in a later educational context.

The materials appropriate to art education therapy are the same as those used with less disturbed children at similar developmental levels. Drawing, painting, and clay modeling are the basic activities which must be provided for. Among disturbed children, choices to be expected at a younger age than the actual chronological age will more often be encountered. With these children, the use of finger paints, which unnecessarily stimulates regressive messing, is highly questionable (Gitter 1965).

Modifications of teaching method. Emotionally disturbed children tend to oscillate between rigidity and abandon, a factor which makes the art teacher's task, never an easy one, all the more difficult. Somehow he must maintain simultaneously the freedom and the order equally necessary to art.

The art teacher learns to expect that rigidity will be expressed by stereotyped modes of artistic production stubbornly clung to. In his attempt to help the disturbed student express himself more fully in art, the teacher must proceed with special caution, for fragile defenses may be all that stand in the way of compiete breakdown.

The teacher must, at the same time, be prepared for more than the average turmoil as he leads children whose controls are exceedingly weak into experiences which may be threatening at the moment although their ultimate rewards are great. While the extremes of aggressive action must often be curbed, the expression of raw aggression in painting or sculpture should sometimes be welcomed as a first step toward the integrative use of art materials (Kramer 1958).

Retardation, whether it is due to mental deficiency, psychological blocking, or a mixture of the two, often requires the teacher to introduce materials and processes slowly and in a carefully organized sequence. Various kinds of physical handicaps, which usually include an emotional component, make their own special demands on the teacher's understanding and ingenuity (Crawford 1962; Gitter 9164; Lowenfeld 1957; Schaefer-Simmern 1961; Silver 1970).

History. The notion that art education can have special value for the emotionally disturbed has developed largely since the early 1940's. It was an outgrowth of an interest in the art of children, primitive peoples, and naive adults that began in the early years of the twentieth century. As the results of the in-

dustrial revolution became consolidated, handicarafts lost their reason for being, and with them died the folk arts. Creative teachers of art, dismayed by the dearth of the man-made beauty that had formerly been taken for granted, discovered in children's art a new source of freshness and vitality.

Two innovative teachers, Franz Cizek in Austria and Marion Richardson in England, initiated the development of methods designed to make available to children the full psychological benefits of art activity (Cizek 1927; Richardson 1948). In the 1940's, Florence Cane and Henry Schaefer-Simmern demonstrated that such ways of teaching could be extended to art education for adults, and each of them evolved a particular method of art education therapy (Cane 1951; Schaefer-Simmern 1961).

In her early years as an educator, Margaret Naumburg was keenly aware of the educative power of the arts (Naumburg 1928). Having left the field of education for that of psychotherapy, she published in 1947 a collection of papers about her pioneering work in the diagnosis and treatment of disturbed children through art (Naumburg 1947). Verbal exchange and psychoanalytic interpretation were important even in these early studies, but the therapeutic value of sublimation through art was also recognized.

Lowenfeld, whose *Creative and Mental Growth* was long the bible of art educators in the United States, experimented for many years with making art useful to the physically, mentally, and emotionally handicapped. His thinking reached its full development only in the last edition of his textbook to be published in his lifetime. His expanded chapter "Therapeutic Aspects of Art Education" has, however, been excised from the editions of *Creative and Mental Growth* published since his death. This deletion may indicate a wish on the part of the art education establishment to separate itself from the use of art as therapy.

Edith Kramer's writing has been primarily about art and art therapy; she was also an art teacher before she became an art therapist. As both theoretician and practitioner, she has demonstrated the harmonious integration of insights derived from experiences as an artist working with children in educational as well as psychotherapeutic settings.

Looking ahead, it appears that art education therapy, thus far used mainly with younger people, may find a growing currency in work with adults. It has been predicted that what Ulman termed "the therapeutically oriented art class" may become a part of the treatment offered adults in the growing numbers of community mental health centers (Ulman 1966).□

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"YOU Are The Early Warning System"

by CLARA JO STEMBER, M.A., A.T.R.
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There has been adequate literature and concentration on the differences between art teachers and art therapists. Let's consider the notion that there are significant and very important commonalities between the two roles. While adding similarities, let's remember how many art therapists have a strong art education background. Let's consider too, that both professions share a fundamental grounding in art. We both believe that art experience and practice are crucial to the practice of our work. Process may be more emphasized in the practice of art therapy, but skills, technique and product, as in art education, have critical functions in treatment plans. The instruction provides a vehicle for self-expression, communication and growth.

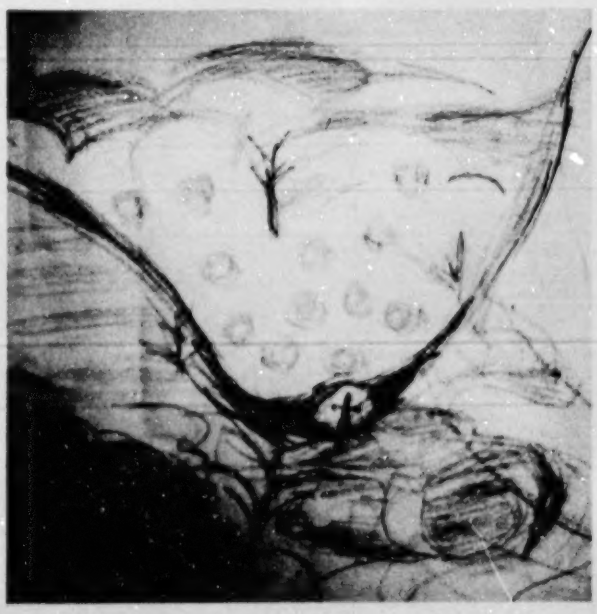
Line, form, mass, color, dimension, balance, size, are elements we both deal with and are trained to observe, recognize, and contemplate the meanings of the symbolization expressed. Experienced art teachers have the elements at their fingertips to be the most important group aware of the symbols, indicators, and verbal references of abused and neglected children. You are the most sensitized to the elements of non-verbal communication, you are mandated reporters of abuse and neglect. You can effect the mitigation of the epidemic statistics sweeping our children. Two million validated, reported cases of abuse last year. Two thousand deaths of children from beating. We need to know that only 10% of the W.A.R. (world of abnormal parenting) are psychopathologically ill. This can help us cope with other elements of abuse, alienation, isolation, immaturity, stresses of unemployment, abondonment and emotional deprivation due to having been an abused child themselves.

There are emerging signs that art therapy is effective as one of the least threatening modalities available to move to help reestablish an impaired ego, a diminished self-esteem, a fearful inability to handle any interpersonal relationships. In our culture where language is so loaded with hidden content, abused children have learned as an adjustment-survival tactic, to be non-verbal. Their disturbances, whether passive and withdrawn or hostile-aggressive, are situational, not psychopathological. Here is our wedge. If we can move into the cyclic nature of abuse soon enough to open the closure, we suspect that we can retrieve a high percentage of damaged children and prevent them from in turn becoming abusing parents.

By the time these children are in deep trouble, the corelation of ability to move them off of the point of distorted behavior and hate is reduced. But, if an aware, sensitive art teacher sees indicators that raise red flags in her visual response and recognizes them as communicators of information or cries for help, that teacher can trigger a response that may offer hope of a life saved, or re-directed. Here are some of the graphic indicators I've found to be statistically higher in occurance than in drawings of non-abused children. The population I've studied and worked with approximates 300 abused and neglected children, the drawings and sculpture and constructs approximate 5000.

As in Fig. 1, abused children, as well as verbally dominated children draw the significant adult in their lives as having arms as long as their body. The hands are the clubs they experience them to be when they are being hit. This drawing is clearly haptic in expression, although the child may developmentally be capable of drawing age-appropriate, visually correct people. This was drawn by a seven year old who had been severely beaten by his mother. His verbal reference was indicative of the ambivalent love-hate conflict many of these children feel towards their parents, when he pointed at the centered mandala-like form, saying, "That's when I was in my mother." There is no need for a skilled art teacher to attempt to move therapeutically. This is impossible with a class of 25 or so behind your back. But it is the time to seek help. If no art therapist is available, the psychologist may help.

Fig. 2 is the drawing of a depressed, sexually used boy, expressing his entrapment and diminishment. The use of the swinging downward line may be more than an expression of penetration, it may be a real downer. As this boy was cared for during the day, in a surrogate home, he did verbalize the "Two worlds" feeling he states graphically here. Encapsulation in a variety of forms, angry sharp lines, large empty voids, of a tiny, armless helpless feeling are most frequently an expression of isolation, lost position in the family and impaired ego. These kinds of signs, when apparent in art works, indicate a worthiness of attempts to elicit the child's feelings about his drawing. To more completely understand this complex population that will more frequently appear in your classroom as they are correctly diagnosed and mainstreamed you may be interested in writing for the excellent booklets published by the National Center for Child Abuse and Neglect. Address: Mr. Roland Sneed, N.C.C.A.N.N., Dep't. of H.E.W., Box 1182, Washington, D.C. 20013.□



Above: Fig. 1, single parent severely beaten boy. Successful school re-entry through art teacher.

Left: Fig. 2, sexual abuse overtones in a battered boy with a single parent.

School Art Therapist Rationale for DPI Certification

by VIRGINIA MINAR, A.T.R.

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INTRODUCTION:

This proposal for certification of School Art Therapists is being presented to the State of Wisconsin Department of Public Instruction for their consideration because of the unique attributes inherent in the practice of Art Therapy which would benefit the learning performance and social adjustment of children with individual needs.

1. WHAT IS THE PURPOSE OF AN ART THERAPY PROGRAM?

A. Procedures and techniques which have been identified and developed as part of the art therapy experience can be used to remediate deficits in perceptual-motor development, sensory awareness, conceptual processing and socialization skills.

B. Individual students will benefit by increasing their learning skills and in making positive behavioral changes through individualized art experiences designed to meet their specific needs.

C. Art Therapy used in conjunction with the art experience has value as an individualized remedial procedure. Its value extends beyond corrective or compensatory treatment into the preventative.

D. Children with severe developmental lags in perceptual-motor skills, sensory awareness, conceptual processing, socialization, self-actualization, and emotional health need more intensive remediation than can be provided in the regular class. To meet their acute or chronic needs would require a disproportionate amount of teacher attention, and could reduce the effectiveness of the art experience for the general art class population.

E. Art Therapy differs from art education in that the emphasis is on the individual specific needs which involve diagnosis, prescription, and remediation; whereas, art education serves general needs in a total learning experience with emphasis on the concept and/or process being taught.

F. Art Therapy has value in meeting the needs of the gifted and talented child by designing individualized art problems and experiences. The emphasis would be on experimentation, discovery, and the creative process. Students who evidence talent in the arts should be challenged to explore their capabilities beyond the general grade level art experience.

2. WHO WILL THE SCHOOL ART THERAPIST SERVE?

A. Those children identified as having Exceptional Education Needs under Wisconsin Department of Public Instruction Rules and Regulations for Implementation of Chapter 89 now known as Chapter 115.

B. Those children evidencing severe lags in one or more of the developmental areas, but who are not now embraced by Wisconsin Department of Public Instruction Rules and Regulations for implementation of Chapter 115.

C. Those children requiring short-term or extended intervention to meet physical, social and/or emotional needs.

1. Physical handicaps which are not permanent, but which hamper the learning process either by affecting motor skills, or reducing academic performance because of inability to cope with the traumas caused by accidental injuries.

2. Social adjustment problems instigated by transfer, integration, aggressive behavior, delinquency, poor peer relationships, inadequate self-image, and/or negative attitudes towards persons in authority and the educational setting.

3. Emotional needs related to crisis situations occuring in their non-school environment, e.g.: death, divorce, remarriage, separation, chronic or terminal disease, drug or alcohol abuse, child neglect or abuse.

D. Those children identified as gifted and talented in the area of visual arts or creative potential. (This population could be served by the regular art instructor provided time is allowed for scheduling groups of gifted and talented which would not constitute an overload of pupil contact time.)

3. HOW WILL PUPILS BE REFERRED, CONSIDERED AND PLACED?

A. Procedures for referral and placement of children with Exceptional Education Needs will be in accordance with current guidelines established under Wisconsin Department of Public Instruction Rules and Regulations. Prescriptive procedures for Art Therapy services will be planned in consultation with the particular special education teacher involved and/or the school psychologist as the need indicates.

B. Procedures for referral, consideration and placement of children with severe lags in one or more of the developmental areas will be made under guidelines established for Special Pupil Services as determined by District Coordinators of Pupil Services; and implemented by the school psychologist, the classroom teacher, the art therapist and the school principal. Examples of such group populations are Early Childhood Education Programs and Extended Kindergarten Programs. They would receive services, as well as students with developmental lags who would be referred individually.

C. Special referrals 2.C and 2.D will be made by the school psychologist, the classroom teacher, the guidance counselor, the art teacher, and/or the school principal of the student's home school.

4. WHAT IS THE JOB DESCRIPTION?

In order to clarify the role of an Art Therapist in an educational setting, definitions of four main categories of Art Therapy need to be detailed:

(1) ANALYTICAL ART THERAPY — which uses the psychoanalytical model[1] is most often used in a clinical setting. It serves day-care treatment centers and residential institution populations, generally under the direction of, or in consultation with staff psychiatrists and/or psychologists.

Analytical Art Therapy is not generally practical for use in the public school setting, and is not recommended as part of the school art therapist's service except in those instances when, after consultation with the school psychologist, certain procedures are recommended for diagnostic and prescriptive use.

(2) HUMANISTIC ART THERAPY — the use of art materials to produce personal growth, education, and awareness.[2] Serves general populations, or self-contained groups having special needs.

Humanistic Art Therapy can be used in a total involvement of the senses approach for self-contained groups. Examples of such populations would include: Educable Mentally Retarded, Trainable Mentally Retarded, Physically Handicapped, Multiply Handicapped, Early Childhood Education and Extended Kindergarten Programs. This would be incorporated into their regular art experiences which would be taught by the art therapist.

(3) FUNCTIONAL ART THERAPY — where the concern is with mental retardation, physical, neurological, and organic disorders.[3] The use of arts materials to remediate learning problems and developmental lags. Serves populations with special needs.

Functional Art Therapy can be used in conjunction with the Humanistic approach for the above listed populations. Selected students in all of those categories would benefit from additional in-depth therapy to ameliorate severe developmental deficits. Emotionally Disturbed and Learning Disabled students would benefit from prescriptive therapy either on a one-to-one ratio or in small groups. These students should be mainstreamed for their regular art experiences whenever possible, and would be scheduled for in-depth remediation based on diagnosed individual learning problems, or developmental lags.

(4) PSYCHO-EDUCATIONAL ART THERAPY — which involves an intra/inter-personal relationship and a learning process within the sturcture of the activity.[4] Serves emotionally disturbed children and those students experiencing social adjustment problems.

For these students, Art Therapy is best used as a supportive counseling procedure. Many

Learning Disabled children have developed behavioral problems as a result of frustrations caused by unsuccessful learning experiences. The psycho-educational approach would be used singularly or in conjunction with the functional model, to meet individual needs. These students would be scheduled either for one-to-one or small group therapy. They whould be mainstreamed for their regular art experiences, except when inappropriate behavior prevents integration.

Psycho-educational Art Therapy like art education may teach technique and media skills, but in therapy, the art therapist is more concerned with the individual's inner experience. Process, form, content, and/or associations become important for what each reflects about personality development, personality traits and the unconscious. The use of art as therapy implies that the creative process can be a means both of reconciling emotional conflicts and of fostering self-awareness and personal growth.[5]

5. WHAT ARE THE RECOMMENDATIONS FOR SERVICE? (Population groups; Length of sessions; Space needs)

A. The following populations would use regular elementary art room facilities at their schools: Physically Handicapped, Multiply Handicapped, Trainable Mentally Retarded, Educable Mentally Retarded, and Extended Kindergarten Program types. The classes would meet twice a week for 45 minutes each session, and would include all of the children enrolled in these classes. The sessions would replace existing art education programs for these populations.

B. Early education children would be served in their self-contained classroom twice a week for 30 minutes each session. All children enrolled would participate in the art therapy experiences.

C. Elementary children enrolled in Learning Disabilities Programs, both resource and self-contained, would be served in a resource room, and would be seen in small groups of approximately four students for in-depth remediation. These children should be integrated for their regular art experiences. Groups would meet once a week for 30 minutes. (Self-contained groups who are not ready for mainstreaming, would be served under plan A above.)

D. Elementary students enrolled in programs for Emotionally Disturbed, and those children referred for special services not covered by Chapter 115, would be seen either on a one-to-one basis or in small groups as determined feasible by the art therapist to meet individual needs. These children should be integrated whenever possible for their regular art experiences. They would be served in an Art Therapy Resource Room. (Self-contained groups who are not ready for mainstreaming would be seen twice-a-week for 30 minutes; individuals needing in-depth remediation would be seen at least once-a-week for 30 minutes.)

E. Secondary students with Exceptional Education Needs would be mainstreamed for their regular art experiences whenever possible. PH, MH, TMR and EMR students served as self-contained groups would be served as full classes. The sessions would replace existing art education programs and they would meet for the designated time alloted by school districts, but no less than twice-a-week. Sessions would be either 45 or 50 minutes long depending on district scheduling. EMR or LD students needing in-depth therapy would be seen in small groups of approximately four students. ED students and those referred for special services, would be seen either on a one-to-one basis or in small groups as determined feasible by the art therapist to meet individual needs. The class size groups would be served in regular art rooms and the others would be served in an Art Therapy Resource Room.

6. WHAT IS THE RATIONALE FOR IMPLEMENTATION?

The average child raised in our contemporary society spends a disproportionate amount of their time being passive. This limits experiental growth which often produces developmental lags in perceptual-motor skills, sensory awareness, conceptual processing, and social intra-interaction abilities. These developmental lags can contribute to deficiencies in learning performance and humanistic behavior.[6] When these developmental lags occur, it is imperitive to remediate the problem as early as possible to minimize the frustration and negative attitudes produced by unsuccessful learning experiences. Learners with problems tend to function poorly in both home and school environments. They often become disoriented and have difficulty internalizing controls[7]

Data compiled during recent surveys indicate schools are experiencing increased crime, violence and vandalism. Although TV programming must assume some of the responsibility for this trend by increasing children's tolerance of violent behavior, the erosion of the American family has contributed to the breakdown of stable value systems and humanistic codes of conduct.[8]

We are helpless against many diseases and most medical illnesses, but we can help physical, behavioral, social, emotional and learning disabilities. Remedial art techniques used in Art Therapy can help build a positive self-image; support positive behavior by instilling confidence through satisfaction derived from art activities that stress problem solving, sequencing, continuity and the act of completion; increase attention span by fostering the ability to start and finish a task that is uniquely theirs. Through the art experience it is possible to work out frustrations and feelings of hostility and/or insecurity. Helping students explore themselves through the use of art media helps to develop self-awareness and to find meaning in their life.

Art Therapists are trained to provide the kind of motivations designed to help free individuals from restrictions in expressing themselves in order to work through problems in a socially acceptable manner.[9] When visual communications are simultaneously verbalized, the opportunity for supportive counseling can be utilized. Art Therapy procedures can be used to help solve developmental problems by prescribing corrective, compensatory, or coping measures to alleviate negative social behavior, and/or to decrease frustrations of learning disabilities and other handicapping conditions. It can also increase learning skills, decrease disruptive behavior, and discourage school truancy and dropouts.

The public is asking: Who's to blame? parents or educators? Does it matter? The problems are here and are documented to be on the increase. Treat the "here and now" so that we will not be burdened with increases in police protection, social services, institutionalization, vandalism repairs, plus all the hidden costs of such programs which will cost more than preventative services. We need to remember that the students of today will be the decision-makers of tomorrow. How they will choose to solve future health, education and welfare problems may be influenced by how well they feel their needs were met.

While the Art Therapy profession is cognizant of the importance of academic learning in our technological society, we should be equally concerned with the present trend of de-humanization and its psychological effect on the children in our society. It will be of questionable value to turn out insensitive individuals, no matter how educated they might be. If we do not concern ourselves with the whole child, we will not be able to help them achieve their maximum potential either academically or socially. It is particularly important to help those students with special needs acquire those skills which will enable them to meet changing conditions and become thinking, feeling members of society. We must help them acquire those skills to the best of their ability so that they can make positive contributions to their society.

The Art Therapist would serve the school district either as an itinerant person, or as part of the school pupil services staff, dependent upon the location of the populations to be served. The Art Therapist has additional value as a resource person in the schools serving as a consultant to particularly the kindergarten, primary and elementary art teachers consulting on students with minor perceptual-motor developmental lags and minimal social adjustment problems. Classroom teachers could benefit from social interaction lessons planned by the art therapist to promote humanizing experiences and positive attitudes towards the educational environment.

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Art Education and Art Therapy: Partners in The Classroom

by SUSAN E. GONICK-BARRIS, ATR

"A school is good . . . when it includes as part of its definition of worthwhile knowledge, self-knowledge . . . that is, knowledge of what is going on inside one's skin. In a good school a student's FEELINGS are not considered an intrusion upon his pursuit of knowledge, but a subject of inquiry themselves . . . a systematic effort is made to help a student understand himself, get in touch with his own feelings, monitor his own behavior and so on. . ."

THE SCHOOL BOOK
by Neil Postman

If you as an art educator believe the above statement to be part of your own value system, it would seem worthwhile then to explore the many paths to this self-awareness, and to learn to use whatever tools available to increase self-knowledge. To this end, it seems that art plays a prominent role, becuase it is in the art room that the "ore" of the creative process can be mined, and the deeper self is encouraged to surface in a graphic way.

Education through art then, becomes a nourishing experience that serves the expressive needs of the student regardless of age. The art room is the place to harvest from a nearby field of art therapy. This is so, because it is the art-therapist's central concern to encourage the unconscious or deeper self to speak through a language of color, space and form. This process of self-discovery is enhanced through the special relationship between the student and the materials used with the art therapist serving as guide in a world of symbol and personal myth. The student's art forms or "messages" can be explored as existential keys to the many rooms occupied variously by the self. It is then, in the words of Neil Postman, that . . . ". . . feelings (become) a subject of inquiry themselves, and a systematic effort is made to help a student understand himself. . ."

From my own experience as an art teacher, painter, and art-therapist, I see myself as the person-guide who makes possible this link back to oneself, graphically at first, and always respecting the right of the other to "be" where he or she "is". With this presence as an other accepting and respectful human being, I hope to reduce the sense of isolation in the person with whom I am working, and lend recognition to their experience whatever it may be, and wherever it may take us. Hopefully, we start out on a journey together into an adventure or process of discovery where each person is increasingly able to recognize or "own" and interpret his unique imagery. What are you seeing here? What are you finding out about yourself? In this atmosphere and with the model of art therapy practice that I use, judgements and competition are out of place. So are "finished products."

Sometimes art teachers say to me, "what about basic skills? Does ANYTHING go?" As an active professional artist myself, I can appreciate the necessity of acquiring an understanding of basic media, but only in so far as it becomes useful in facilitating the creative process: much the way a pianist's knowledge of the keyboard makes it instantly available for improvisation. There is no reason why art students cannot use color, texture and line to express mood or the essence of a form, or to create a startlingly dramatic effect using ingenuity and craftspersonship. But the art teacher must not be partisan to "production" lest she (he) is used in the service of academic games; unable to offer authenticity of experience for students and unworthy of their trust placed in her. What is demanded of the art teacher is that she (he) understands that the possibility for integration as human beings depends on a PROCESS and this process is always ongoing and never "finished." Working with media assists in the release of emotions so that new energy becomes available for living.

The principles of art (movement, harmony and balance) correspond so closely to human functioning that it becomes possible to integrate them through this fortunate relationship, with the potential for art experiences being used as a vehicle for personal growth. This is why art must be given first importance in education, as one of the goals of education is the fullest realization of one's potential as is possible.

The art room then, becomes the place where a student can re-connect to the elemental or primitive self, unfettered by adult expectations for performance or conventional styles of communication rewarded and re-enforced by approval. Here is the place and the opportunity for a reconciliation between the conscious or rational and the unconscious or deeper self.

For many, this is no longer an easy transition. "Letting go", as paradoxical as it may seem, can be more difficult than "holding-on". Contact with emotions can be dangerous. The individual protects himherself from this deeper self-contact with a number of "defenses". The educational establishment often re-enforces this barrier with the institutional neglect of human needs, or "affective" experiences. For these reasons, the art teacher must learn to recognize and develop skills for dealing with the resistance she(he) is certain to meet. And here is where art therapists and art educators share similar ground. How do we get passed the safe, the trite, the superficial and conventionally accepted — the banal? A number of tools that address themselves to these issues are available to both the art therapist and the art educator, and for myself the most important is the playfulness, the willingness and the ability to give up a certain degree of "control"; to lean on one's own intuition and imagination.

The creative process depends very heavily on the ability to play, to fantasize, to let loose or let go; to allow the "healthy child" within, to come out and fool around without fear of recrimination or disapproval. Somehow, getting deeper into this repressed self makes it possible to release "blocked" energy . . . creative energy. The art room then, can be the place for one of the most important events in the life of the student; an environment where creativity in its broadest sense can flourish; a creativeness which is the birthright and heritage of all of us.

When I work, I start with a variety of experiences that involve the "whole" person. Since sensory input is often below awareness, I spend time focusing on internal states: temperature, heart beat, sounds, contact with the floor or ground, etc. . . . This self-contact is helpful in creating a mood that allows preconscious imagery to surface later as manipulative materials become available. These preparatory experiences, including music, movement and guided imagery are often of an "assist" nature that encourage or make possible a shift in "ego-state" so that a general loosening effect or receptivity is fostered. Art therapists use different ways of working, there are no prescriptions. I use this approach when it seems appropriate in a given situation, and also because it is a model I feel competent and comfortable with as I share time, space and materials with others. The more self-expressive a person is, the less defensive and the more open he or she can become; from this openness the freedom to change and grow can follow. These seem to be goals that are shared by art educators as well as art therapists.

"The non-artist is left speechless by the fruits of his sensory wisdom . . . In the moments when a human being is an artist, he finds shape for the bodiless structure of what he has felt." *VISUAL THINKING*, Rudolf Arnheim.□

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Expanding Art Experiences in Schools to Include All Children

by GEORGIANA JUNGELS, ATR et al

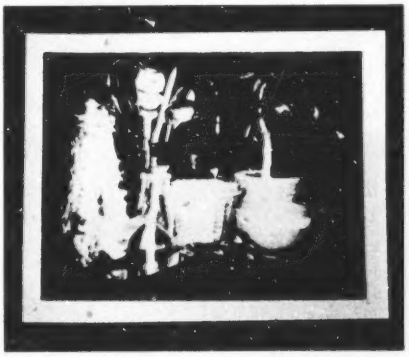
In this article we will share examples of an art therapist, special education teachers, and art teachers working individually and together to explore the many ways of expanding art experiences in schools in order to enable children with special physical, learning, and/or emotional needs to successfully participate in school art experiences.

The introduction gives an overview of "expanded art experiences." Some of the material was presented at the Seventh Annual Conference of the American Art Therapy Association and includes excerpts from *Creativity and the Art Therapist's Identity* (ed. Roberta Hastings Shoemaker and Susan E. Gonick-Barris, Pittsburgh: AATA, 1977). All of the experiences following the introduction have been written by the teachers involved in the work. We see these shared mini-articles as a beginning — for all of us — on which further "expanded art experiences" can be developed and shared.

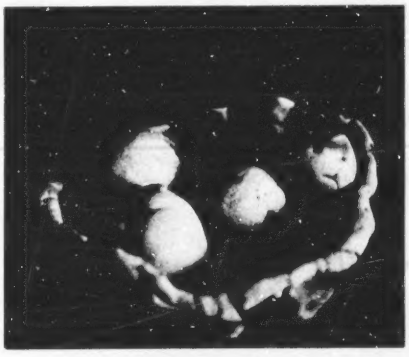
INTRODUCTION:

We began by asking questions like: "If Susan is legally blind, how can she work in the art room with 29 other students?" "If Jim has cerebral palsy and can't hold a brush, how can he paint?" "If Theresa is mentally retarded and has difficulty understanding class instructions, how can she learn new art experiences?" "If Arthur fights a lot, is it necessary to put away all the scissors before he comes to class?" "If Ronald is often unsure of himself and frequently says, 'I can't . . . I can't', what can I say?" or "What can I do with Dennis, a 16-year-old boy with retardation, who copies very well but can't even do a still-life?"

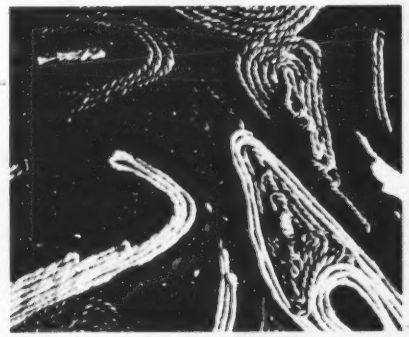
By taking a closer look at the last question, we began to develop some "expanded" methods (and thinking) for offering art experiences in schools. For example, a still-life is frequently regarded as something to be observed and then rendered in two-dimensional media. If Dennis copies very well, he appears to be able to do two-dimensional work. "But he can't do a still life." Is there some way in which a still-life assignment can build on Dennis' ability to render two-dimensional images to two-dimensional drawing (copying)? Perhaps he is having difficulty in translating three-dimensional real world information to a two-dimensional rendered image. Could he use a Polaroid camera to frame and compose the three-dimensional still-life into a photographic two-dimensional composition which could then be his reference for further rendering in any one of the media available to the class?



After discussing Dennis' experience, we decided to further expand our own thinking about the still-life assignment. We began to think of the still-life as a stimuli for students in an art class, a beginning. A still-life might be a group of objects that can be observed, explored, touched, smelled, etc. The tactile experience of exploring a still-life might suggest to a 10-year-old girl a "fruit bowl" in clay. A



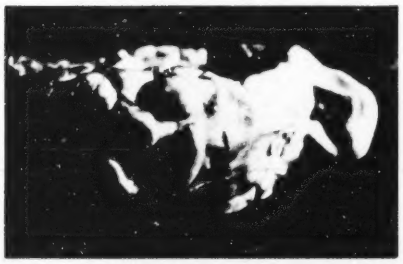
still-life might offer objects that can be held in front of a light to make shadows that suggest to an 8-year-old girl images that can be drawn into a picture entitled, "me going to meet my friend." A still-life might offer the shapes, colors, textures, and patterns found in the leaves of a plant and suggest to a 14-year-old boy the design for a collage.



The boy who made the above collage used yarn and white glue. However, our group also observed that another helpful way of expanding art experiences was to consider all the art materials that the student might use and to examine the skills required for each material and/or process. When we considered "adhering" instead of "glueing" we were able to suggest so many more possible ways of working with collage materials. Is the adhesive safe for all students to use? (i.e., Spray adhesives may irritate students with asthma.) How many separate steps does the adhesive require in order to be used? (i.e., Glue bottles with intricate cap designs may be almost impossible for students with limited motor skills.) Are there students who can begin their collage work with pre-glued materials like contact paper or adhering mediums like plasticine clay? How broadly can we think about adhesives? About art?

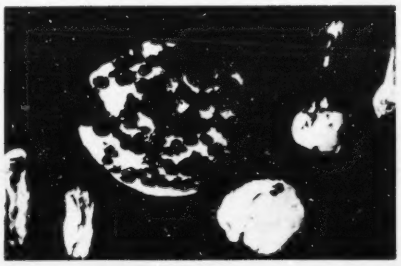
In summary, we discovered that there are many ways in which art experiences could be expanded to include all children.

Here are some of them. What are your sugestions?□



The Happy-Sad cup (side 1)

The Happy-Sad cup (side 2)



The Restaurant

Clay Experiences With Multiply Handicapped Children

by DORY DRISS

Traditional concepts of art for the multiply handicapped have too often been limited to uninspiring cut and paste procedures or prepackaged commercial "handwork" packages. I was introduced to ceramics by potter friends, and the exciting process of firing mud or clay to transform it into permanent and lasting objects seemed well suited for classroom use. The sometimes whimsical, sometimes utilitarian and nearly always colorful final products that have resulted proved that clay in the classroom can be a source of considerable pleasure to student and teacher alike.

As I worked with multiply handicapped children between the ages of six and ten, clay provided an outlet for creativity as well as for emotional release. It is an acceptable means to express anger, hostility and/or joy (figures 1 & 2). A child may go to the clay table and throw clay - to make a slab, to experiment or to create texture on a piece. The children have used found objects: the heating vents in our classroom, rulers, pencils and even their crutches or braces, to add texture to a piece of clay. The tactile stimulation and the thought processes involved in ceramics opened up new areas for creative expression.

Language experience charts and language development seem to flow as a natural part of the total clay experience. From the very beginning children learn that we do not bake clay, we fire it; and, we do not paint clay, we glaze it. They learn to use the terms pinch pot, coil pot, scoring, greenware and bisqueware to correctly describe the process in which they are involved.

I have found that providing a theme, at least for the initial experience, is a helpful tool. One class created a restaurant, the food to be served all made from clay (figure 3). The children formed hot dogs, hamburgers, ice cream cones, a pepperoni pizza, and all the tableware needed to serve their treats. Apart from the manipulative and physical process, the experience also encouraged the use of verbal communication skills. Children discussed their favorite foods and restaurants, what prices they would charge and what jobs they would hold if we really did run a restaurant.

After the basic techniques had been learned, the children's use of clay went quite beyond the idea of simply "making things". For example, students who have difficulty writing or expressing themselves through the written word used clay figures as book reports or to describe the impact of a field trip (figures 4 &5). Others made their own sets of counters to be used in understanding math skills.

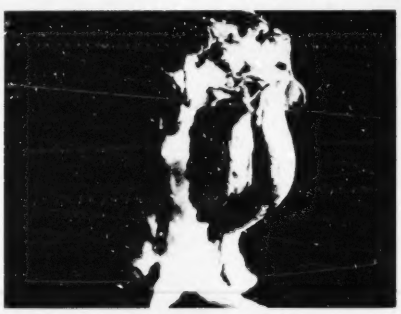
When we were invited to participate in the Very Special Arts Festival, an exhibition and workshop limited to work by handicapped children, the class demonstrated their use of clay. Their self-image took giant leaps as they sat there explaining to adults, as well as other children, how to make a pinch pot and how to score clay in order to attach handles or other appenditures.

Each time the kiln was opened and the newest surprises and treasures were displayed, the children's awareness of their own powers of creatiity were reinforced and expanded.□

A book report on *Mr. Popper's Penguins*

A Trip to the Zoo

A zoo elephant



An Art Program for Severely Multiply Handicapped Children

by JANICE A. PLUCINSKI

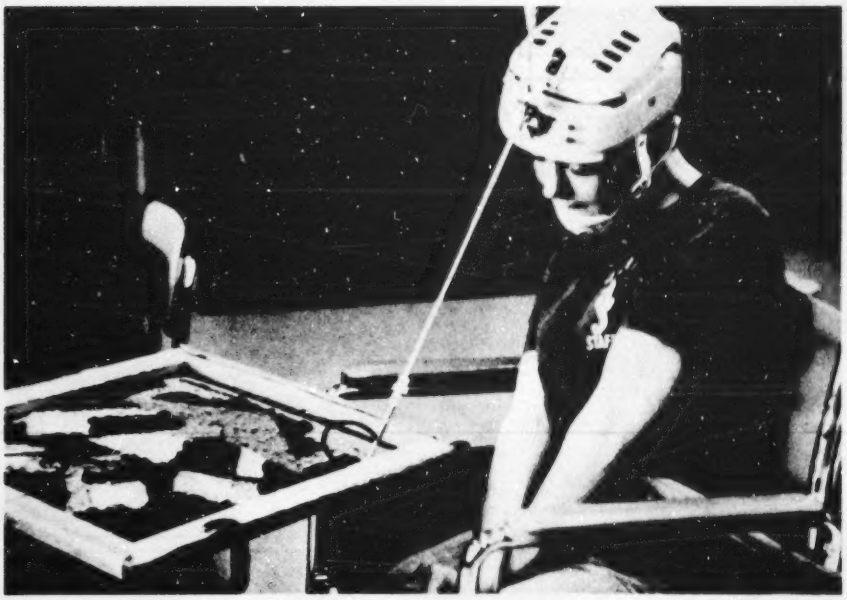
My Art Program for severely multiply handicapped children (i.e.: cerebral palsy with associated mental retardation, muscular dystrophy, spina bifida etc.) provides a challenge to both student and teacher.

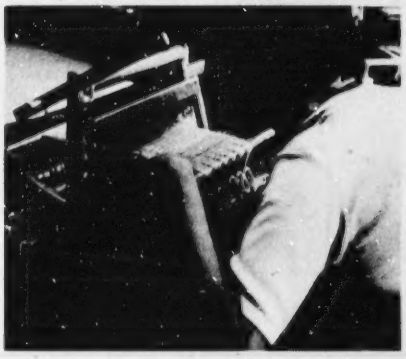
For the teacher, the essential factor is adaptability; of personal values and of media. What is accomplished cannot be measured against traditional teaching scales, but rather by the ways in which all art media can be adapted to the individual's limitations and capacities and provide a sense of achievement for the student.

One of the central goals of my art program is pleasure. All conventional materials and techniques are adapted to insure each child the opportunity to perform and express in whatever way possible and to have a satisfying and productive experience.

Strong emphasis is placed on exposure to media in a meaningful way, to expand imagination and creativity by providing direct and immediate involvement with art materials.

I must be a careful observer of the child's physical needs and mental capacities and be willing to adapt standard materials; in other





words, to suit the experience to the child. This may mean nailing down a water can so it is accessible; devising a head wand for the student who cannot use her hands; or rebuilding a loom so that it can be used by the child with a limited range of motion.

My art program is essentially product oriented and provides accomplishment in forms recognizable to the student, peers and family. An adapted Art Program gives the severely limited, often non-verbal, child opportunity for release of inner feelings as well as the chance to interact with media that can be independently controlled. Decision making in the art program is a plus factor because many of the students have limited opportunities to do so in other areas of their lives. Choices are often directed toward the improvement of sensory-motor, perceptual, and conceptual levels of learning.

I have found that art for the severely multiply handicapped child must be seen as an individualized process. While the children may be present as a group, each art experience must be individually tailored to the specific abilities of each child. Within the group experience, it is useful and of great personal worth for children to assist each other. For example, a more able child may adjust a loom for the child who is doing the actual weaving.

Art for the multiply handicapped can be a positive experience; providing the student with recognizable achievements, a heightened sense of self esteem and an opportunity to interact with media and ideas that will stimulate and expand the world of the multiply handicapped student.□

Art Therapy With Multiply Handicapped Pre-School Children

by SARA J. B. DICKMAN

For the past year I have been doing weekly art therapy sessions at the Pre-School Learning Center for multiply handicapped children in Springville, N.Y. The children come to the center for an evaluation of their problems and for a pre-school learning experience. Their diagnoses range from cerebral palsy, Downs syndrome, and minimal brain damage to varied emotional, physical, and language problems.

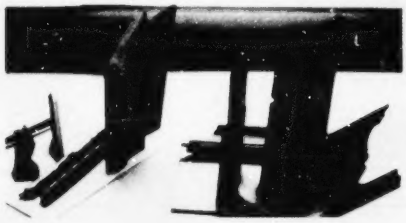
I work with approximately twenty children, ages three to six years old. We work in small groups of six or seven with a teacher or aide always present. Attention spans are extremely short and a successful art response can range anywhere from thirty seconds to thirty minutes.

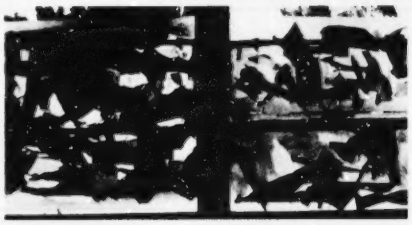
Art projects or processes must be basic enough for the most limited student and also potentially expandable for the artistic six year old with only a speech problem. Materials are kept simple. We work with the basic media of painting, drawing, modeling, assemblage, collage, and some printing. The *process* or doing of the art, rather than any preconceived notion of what the outcome ought to be, is what involves the children. Therefore we explore the different ways to use a crayon or marker or paintbrush; the many things which can be done with play dough — first with only fingers and hands, and later with the addition of tools; the different ways to glue and assemble wood scraps onto heavy cardboard to make a sculpture; the many ways to tear, rip, cut, and paste construction paper; the use of found objects for stamping or pinting a design; and assemble different textures and identify them with eyes closed.

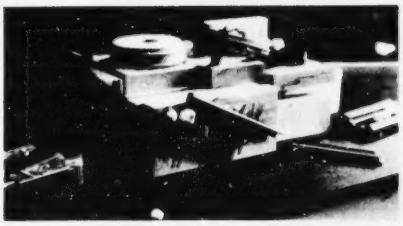
A successful procedure I have found is to work initially on individual pieces which can be combined into a group project. For example, individual original Christmas tree ornaments can be hung on a tree; torn pieces of tissue paper can be placed on a large piece of clear contact paper to form a huge, stained glass window effect; individual clay modeling pieces can be added to a central display area; cut or torn snowflakes can be tied to a large tree branch and made to blow by the children's own wind; simple face puppets can be used to act out spontaneous one minute dramas; scrap wooden blocks can be decorated with markers and used to build a city; small, original items decorate one huge, "over the doorway" rainbow.

I prefer to work with as many natural objects as possible: beach collages of sand, sticks, shells and weeds; collages of feathers, stones, seeds, tree branches, grass and dried flowers; and seasonal collages of available objects.

Providing art experiences for the profoundly handicapped children was most challenging. All projects needed to be adapted to their abilities. For example, moving a piece of paper in an arch motion back and forth while Jenny held the different colored markers enabled her to make a wonderful rainbow; holding Ben and Shawna up to easels or kneeling them on the floor enabled them to paint. After a few sessions we found that holding our quadriplegic children in our laps







helped them to work more freely than they were able to do in their specially designed, yet sometimes restricting, chairs.

When doing art therapy with preschoolers, I must consider the varied needs of the children (physical, emotional, psychological) and design art experiences which offer opportunities for growth in these areas. My goal is to create open ended projects which enable the children to maximize their unique abilities. The potentials of such young children are always unknown, and it is imperative not to minimize them. When given the opportunity, even the most handicapped youngsters will often surprise us with their previously undiscovered abilities.□

An Art Workshop Series For the Blind and Handicapped at the Albright-Knox Art Gallery

by PRISCILLA BOWEN

For six weeks during September and October of 1976, I taught (and learned!) in the Workshop Series for the Blind and Handicapped at the Albright-Knox Art Gallery in Buffalo, N.Y. A grant from the National Endowment for the Arts, matched by the Members' Council of the Gallery, provided funding. I and my colleagues, June Schneider, Linda Milstein, and Joanne Vizzi worked with Georgiana Jungels as consultant, and Charlotte Johnson, Curator of Education. Students from the State University College at Buffalo and Gallery volunteers served as teaching and non-teaching aides.

Our spectrum was broad; ages ranged from four to ninety, and special needs included visual impairment, blindness, deafness, a variety of mild to severe motor disabilities, epilepsy, emotional disturbance, mental retardation, and some combinations thereof. That spectrum produced a rainbow of art objects, and of shared and individual art experiences. One of our particularly pleasurable groups met Saturday mornings. In fact, it was two groups: children from four to ten years of age who were belind or visually impaired; and another group of young adults with that same

unchosen challenge in their lives. The two groups worked in different areas of the same room, but they would notice each other, and we encouraged their interaction. One morning, the adults had just finished unmolding large plaster sandcastings when one of the little ones came around to visit. Not only was she able to enjoy a tactile exploration of the plaster reliefs, but, like all small children, being generaly full of curiosity, she discovered a young woman's fold-up cane, and wanted to know about it. Marie, the owner-operator, happily explained to the little girl what it was, and that she might use one when she was older. Other times we would notice Marie listening thoughtfully to the children across the room, both enjoying them, and making mental notes for a paper she was working on for one of her college courses. All of this might suggest that with small groups such as these two were, diversity of age is a plus.

Diversity in other forms was tried with visually impaired and blind older adults. Table-size paper was spread out for small groups (four to six people). Line and movement were discussed, and participants then took heavy string, dipped it in diluted white glue, and created their own line/movement on that paper. If they wished, their line could connect or interact with a neighbor's line. These were then put aside to dry. Later in the same session they were returned to the same groups, and rotated so each person could feel the other line drawings. When the paper was rotated back to its original position, each participant painted in his/her lines with textured paint. The primary colors were used, one having been mixed with oatmeal flakes, one with cornmeal, and one left smooth. Fingers and hands were the "brushes." Later, these were displayed on the exhibition wall. Other groups appreciated them through sight, or touch, or both.

One invaluable resource was available to us throughout the workshop: the collection of the Gallery. It served as inspiration, confirmation, and a source of pleasure.□

Using the Creative Arts to Improve the Self Image of Moderately Retarded Teenagers

by GRACE NOVAK

I have found that it is possible to improve the self image of moderately retarded teenagers through classroom experiences in the creative arts.

One technique is to encourage gross muscular exercises done on a mat, with a large mirror placed in front of the student. While he is doing his exercises, he may see and feel what his body is able to do.

In addition, a large white sheet can be hung next to the mat so that the student may see his shadow reflected. Another student can use an uncomplicated camera to take pictures of his classmate exercising. The slides can then be shown to the whole class, while all discuss the flexibility, size and shape of their own bodies.

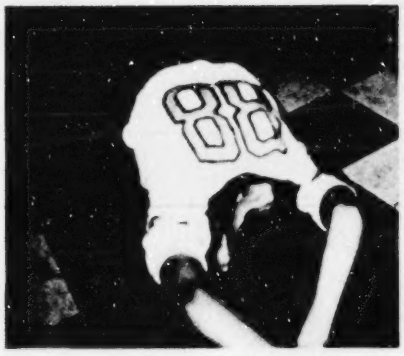
There are some students who are extremely rigid, who are afraid to bend, twist or turn. One method of dealing with this is to have the students make shapes on the floor with their whole bodies. As each student forms a shape such as a circle with his body, he can do so on a large piece of sturdy paper. Another student can draw around the outside of the body. Then both students can paint the figure, and hand this picture on the classroom wall.

This project involves both large and small muscle control and produces a concrete product visually appealing to the class. It shows the student that he is able to achieve a certain task with his whole body, and motivates him to newer and perhaps more difficult tasks.

This kind of activity is particularly effective with students who cannot walk and must spend their days in the classroom sitting in a wheel chair. It can be an exciting thing to allow the student to find out how tall he really is.

Lift the person out of his chair and lay him on a long piece of paper. Ask him to stretch his body to be as long and straight as possible. Then have another student trace around him, and have the wheel chair child paint within the lines.

The results can be very startling. It can give this student a stature in the room that can be important to him. He can be proud of his



body, and can be further motivated to exercise in order to improve his muscle tone.

Music can allow the retarded teenager to use his body in rhythm, to improve his concentration skills, to gain a sense of timing, and to speak out more freely. It often increases verbal communication and group participation.

"Downtown" is a song that is popular because it is fast, has a strong beat, and the word, "downtown," can be said fairly easily. Children who have speech impediments, language impairments, and braces on their teeth, can fully participate in this musical feat by using rhythm instruments in accompaniment to the piano, and saying loud and clear, "downtown!" when given the cue.

"Joy to the World, all the boys and girls," ("Joy to the fishes in the deep blue sea, joy to you and me!") is also a song well liked by my students. The message of joy can be acted out with their bodies in motion, rhythm instruments beating hard, voices singing out loud.

I have found that an interesting follow-up to this music and movement experience is to encourage the children to paint or draw whatever they like immediately after the activity.

The continuous use of the creative arts in the special class situation answers a very basic need of the retarded student: self awareness, self image accurately perceived, and a stronger sense of identity.□

Using Puppets With Trainable Mentally Retarded Children

by VERA GIULIANO

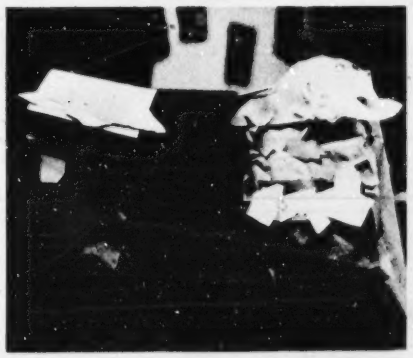
Puppets can serve a dual purpose when working with trainable mentally retarded children. Making puppets can provide a creative art activity, and using the puppets in a show afterwards encourages the students' spontaneous verbal expression.

With a group of 22 TMR students, age range of 10-15, I demonstrated 3 different techniques for puppet making. The simplest activity involved coloring a paper lunch bag and adding features with yarn, felt, buttons, etc. The next activity involved the same procedure of decorating a paper bag, but the bag was also stuffed with newspaper and tied to a dowel to make a stick puppet. The most complicated method involved tracing a pre-cut oaktag pattern on to cloth, cutting the cloth, sewing it, and adding features.

After the demonstration, each student was allowed to choose a method and appropriate materials. Teachers and aides were available to help solve "minor" problems (for example threading needles, getting knots out of thread, etc.), but for the most part the students completed the work by themselves.

The finished puppets were used in small skits behind a pre-made puppet stage. The students were paired into groups of 2, one verbal and the other less verbal or non-verbal. They were encouraged to create original stories, and many did.

The stories ranged from T.V. programs to "what are you going to eat for dinner?" and "what food do you like best?," to "do you like



school?" The biggest problem was repetition of topics from previous skits. When the material became too redundant, the teachers or aides intervened with new suggestions for discussion. Each student enjoyed the chance to be "on stage," and some did their best to "ham it up." The non-verbal students used gestures and physical manipulation of the puppets to communicate their ideas.

The activity generated lots of enthusiasm on the part of the classes involved. The stereotypic characteristics of special children such as short attention span, hyperactivity, inability to follow directions accurately, etc., etc., etc., were not evident while working on this project. Providing special children with a challenging project, and giving them freedom of choice in carrying it out are two important ingredients for a successful experience. Both teachers and students enjoyed the puppet-making activity.□

Art You Can Eat

by KATHIE FITZPATRICK

I am a teacher in Exceptional Education and this is a story about Gene who was in one of my EMR classes.

Gene was a very complicated child who seemed constantly under the strain of some very extreme and difficult emotional problems. He displayed feelings of inadequacy and inferiority. He was most frequently heard reciting the statement, "I can't". Gene had been very used to failure and difficulty with school and its related functions. Art was simply another area in which he was sure he wouldn't be able to accomplish. Therefore, he often flatly refused to participate in art activities.

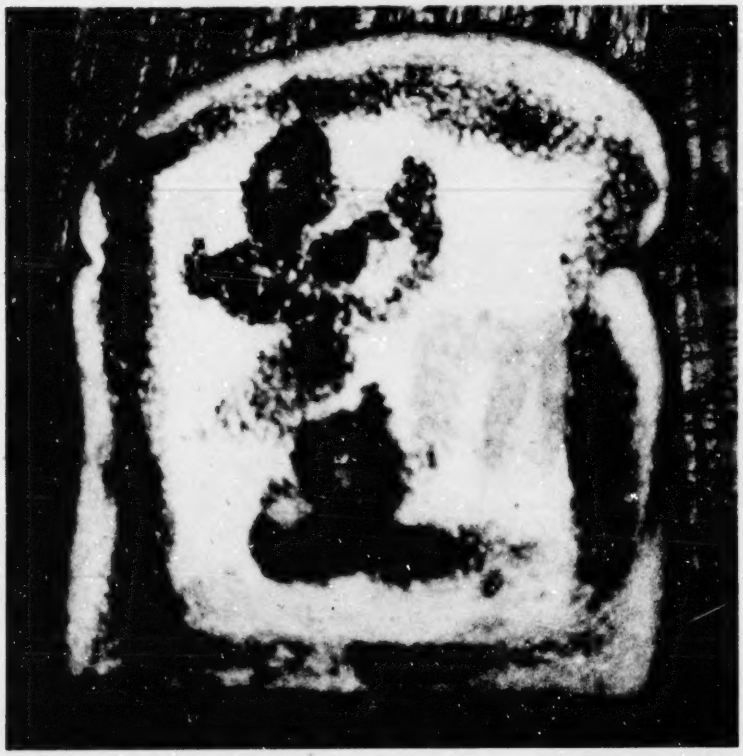
Art is a very sensitive medium. It demands a great deal from the individual; a part of one's self. Gene felt unable to provide this. He had developed a strong reluctance to permit access to himself; to reveal his thoughts and feelings. He seemed to hold back from everything. His severe inhibitions stopped him from achieving that of which he was capable.

It occurred to me that if art experiences were taken away from the conventional ideas Gene had connected with "school art," he might begin to participate more in art activities and develop greater self-confidence in school. That's where food as an art experience began to "get cookin."

We went on a shopping spree to the grocery store and chose many of our favorite things. We did the same at the bakery. Since Gene and I had previously done several things together outside the school setting, he was not apprehensive about this venture.

When we had all that we needed, we went home to create. We painted our bread with food coloring and milk and then toasted it for a sandwich. Gene started out with simple splashes of color on the bread and then went to such things as flowers. At one point he even inscribed his name — very personal for him. He used oranges to create "martian men". Olives became stickmen and helicopters. With the string licorice he designed the face of a Chinese man and a rocket. He decorated his "bestest crackers' with psychodelic food colors. He was creating and he liked it.

The best part about this was that it was art you could eat. It had a purpose he could understand, accept and enjoy. There were no threats there. Your creation had no limit, no expectation. If he didn't like the outcome of one piece, he could always eat it. It was an art form through which he could manipulate and create. We both agreed — it was very tasteful art!□



Art and the Autistic Student

by PAT CYPRYS

For the past three years I have worked as an art teacher with autistic students, ages 5-9.

With no previous exposure to autism, I found my first year a new learning experience for me. Although I had worked with physically and mentally handicapped students for 18 years, this was totally different. Fortunately the classroom teacher was very understanding and made helpful suggestions about the students' needs. My relationship with the pupils was similar to the classroom teacher's and my understanding of Behavior Modification was of great value to me in working with these children.

As that first year progressed I decided to do some investigation on my own. Through various readings, workshops, and an "Art and Therapy" course, I gained new insights. With all this behind me, my second year was a greater success. I now had greater understanding of Autism, and the art program I initiated was geared to meet the needs of the autistic student.

Working with art materials was now not taken for granted. Most of my students had the need to touch, smell and taste the materials, so I found it necessary to investigate the ingredients of everything we used in the art room. Also, it was beneficial to keep a log of each students' behavior to the materials we used. Some of the notations I made were items such as: "Color preference", "Whether the child picked materials with one or both hands", "Which was the dominant hand", "How well the child cut", "Was he able to tear paper".

Because my students spent time in their classroom on colors and shapes, we spent most of the school year reinforcing them in the art room. Repetition and reinforcement was a great factor to their learning and coding. Consideration for gross and small motor skills, eye-hand coordination, visual and tactile responses, visual perception and discrimination were all part of art program.

Through a series of lessons on colors and shapes I discovered my students had difficulty with the terms "circle" and "round." So each time we met (once a week for 40 minutes), we joined hands to feel a circle as a group, took a walk in the round, and sat in a circle before we worked with art materials. This I reinforced each week before we proceeded with various materials and projects that emphasized "round" or "circle." Their working areas were also placed in the round. We did such things as weaving in the round, collages of cut circles, paste-ups of cut crepe paper that was rolled into round shapes, made pizza on round muffins (which we ate), drew and painted on round paper plates, laced circles to form a mobile, made a large Christmas card from mosaics cut from discarded Christmas cards to form a wreath, and combined circular plasticene shapes to make a large male figure of round parts.

All these acitivities led to a group experience entitled "Happy Sun" which we submitted to the "Very Special Arts Festival" in Buffalo and later to Albany. The "Happy Sun" was done in glazed red clay incised with various tools for repetition and texture. The students were given a ball of clay which they manipulated to a shape. One was selected for the center and radiating from this center happy face were the rays of the sun done by individual students. These clay shapes were mounted on burlap-covered, round plywood to further emphasize our concept. It truly was a great experience for the students and myself..□

Art In A Camp For Children With Handicapping Conditions

by GIL NAGY

Carefully selected art and craft projects in a camp setting may offer opportunities for campers to heighten their awareness of nature and acquire skills that can be continued throughout the rest of the year.

Cradle Beach Camp is a camp for both the underprivileged and children with handicapping conditions. It is located in Angola-on-the-Lake near Buffalo, New York. Each summer is divided into four two-week sessions; two for the younger kids, from about eight to eleven, and two for older campers of about twelve to fourteen years of age. A third group of "pioneer campers" up to ages sixteen or so assist in kitchen duties and feeding of youngsters, and, for the most part, have their own camp program.

I started working at this camp in 1966 under the guidance of Alvina Noll, an art teacher, to whom I have long been indebted for sharing her knowledge and insight in working with kids. Adopting her basic premise that camping is an unique rich experience in a child's life, I attempted to use the "stuff of nature" in as many craft projects as possible.

From the beach we collected driftwood pieces, shells, and broken bits of colored glass, to be assembled in a variety of projects. Branches, ferns, flowers, acorns and all sorts of matter that grew in the woodland provided a wealth of objects for constructions. Constructions became mobiles, driftwood sculptures, floral arrangements embedded in half-shells stuffed with clay, and wall-hangings.

In addition to these natural found objects, there was always a large supply of the staples found in any arts and crafts department: paints, brushes, paper and paper materials, fabrics, ceramic items, and materials for woodworking, jewelry and hobbies. Scrap materials donated by local industries and companies were changed into imaginative and innovative craft projects.

Staff members needed to be aware of each child's limitations, but not overly helpful. Sometimes modifications in working procedure had to be made, such as securing objects with tape to the table for a child with spasticity. Verbal exchanges with a blind camper helped develop mental pictures and a better understanding of the texture, color and forms of things in nature. Patience and a genuine interest in a camper's view of his surroundings produced a sense of pride in the finished product, and a growing awareness of nature's wonders.

Where else to better learn and benefit from creativity and the beauty of nature than at a summer camp?□

A Creative Arts Program for Exceptional Children

by CRYSTAL L. KINDA

The Cantalician Center For Learning is a day school for exceptional children. The school population ranges in age from birth to 21 years, and numbers about 200. The Creative Arts program is included in the curriculum as an integral part of the student's total learning process.

The Creative Arts program is designed specifically to help the student discover and enjoy individual creativity without fear of failure in a non-competitive environment. We combine the disciplines of Art, Dance/Movement, Drama and Music and our emphasis is on individual and group involvement and participation.

When a student enters the program, our goal is to help the student:

1. Discover individual creativity . . .
2. Develop creative behaviors . . .
3. Expand the use of individual creativity . . .
4. Use creative abilities independently and appropriately as part of life style . . .
5. Use leisure time productively . . .
6. Successfully participate in family and community activities.

The curriculum has been developed especially for exceptional children. The sessions are broken down as follows:

In Level I, (age 3-8) — the children are divided into small groups to provide for more individual attention and instruction. They have two-½ hr. sessions per week. An example of 12 children, 3 would be in Music, 3 in Art, and 6 in Dance/Movement. The Creative Arts team, along with the classroom teacher, select the area or areas best suited for the child. Usually by the end of the school year, every child has been exposed to each discipline. A child spends about four to six years in Level I.

In Level II, (age 8-12), the children come for one 45 minute session per week. This time, Art and Movement are combined, and Music remains separate. For example, in a group of 12 children, 8 would be in Art and Movement, 4 in Music. The children are rotated and experience all of the arts by the end of the year. A student spends about 3 to 4 years in this level.

In Level III, (age 12-16), all of the arts combine to include more integration and comprehension of the arts and their relationships to one another. Experiences are more challenging and other creative media are introduced (video taping, photography). The students work in larger groups of 12-15 for one hour sessions, and spend 3 or 4 years in this level.

In Level IV, (age 16-21), the program is designed to help the student develop techniques and skills which will lead to the productive use of leisure time. Development of social and emotional skills are stressed to prepare the student for successful participation into family and community activities. Once a year we produce a large musical which is written or adapted specifically for Exceptional children. All of the students participate to the delight of their families and friends. The Musical is intended to be part of the learning process at the Center, and as such, is entered into with the cooperation of the classroom teachers as well as the Creative Arts team. Old favorites such as "The Wizard of Oz", and original musicals such as "StarWar Adventures" annually draw crowds of about 800 from the community. Costumes, lighting, and scenery complete a very professional production.

The Creative Arts team at The Center is comprised of Crystal L. Kidna, coordinator and Dance/Movement specialist, Ruby Kam, Art specialist, Jean DePeters, Music specialist, and Kelle Kinda, administrative assistant. Sister Raphael Marie, Executive Director, realizes the value of including the "Arts" in the formal educational program of her students. Her continual support and encouragement has allowed this program to develop and expand to its present stage. We are excited with the results so far, but are looking forward to even more as we all continue to develop and explore our own creative abilities.□

Art In A Special Situation

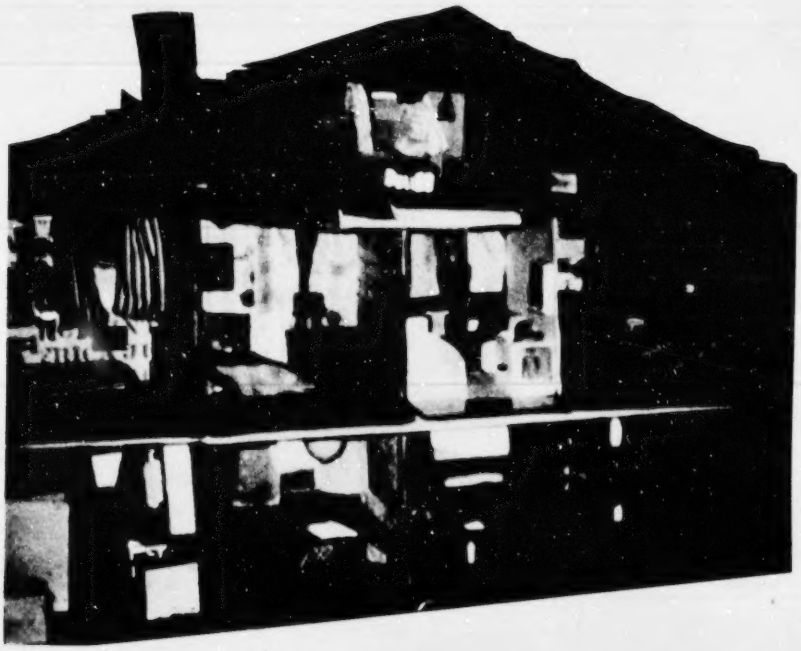
by RUBY KAM

I work as an Art Specialist at the Cantalician Center for Learning with students from infancy to 21 years. Although the main population at the Cantalician Center is moderately to severely mentally retarded, I also work with emotional and behavioral problem students. Some of my objectives are: improving fine motor skills, developing sensory awareness and helping the student develop individual creativity-through the manipulation of various art materials.

Individual goals are set for each child. At the Cantalician Center art goals such as learning perspective or color theory are not stressed. In this exceptional education environment, behavioral and developmental goals are all important. The process of using art materials enables our exceptional students to learn skills and an awareness of self and environment.

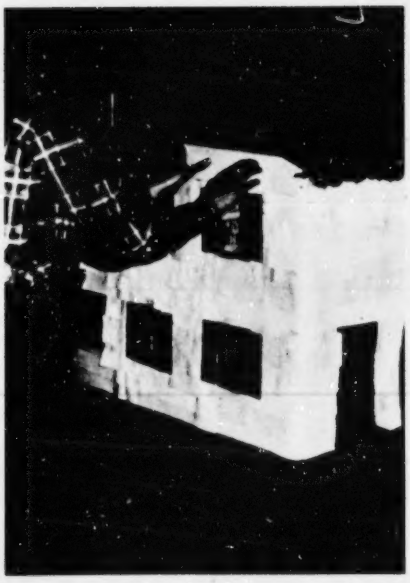
The most important idea to remember is that if one sets a non-fail goal, the student will always succeed. Instead of emphasizing the finished product, I stress participation and the process of doing the activity. Repetition of an activity is beneficial to my students because through repetition growth usually takes place.

Any experiences involving touch, vision, smell, taste and hearing help sensory-motor development. Finger painting, clay, play-doh, wood block building, found objects, chalk, etc. are used to help create an awareness. Through the manipulation and exploration of art materials fine-motor and cognitive skills are developed and improved. Once the exploration and familiarization of an art activity is internalized, I can use that medium to further a new concept in the development of the student's learning.□



A Giant Dollhouse Project

by JANET E. MATTES



RECIPE Take some corrugated cartons and small boxes; construction paper and cellophane; wallpaper, glue, and tempera paint; linoleum and rug scraps; balsa and crate wood; foam, fabric, and yarn; and all kinds of odds and ends. Combine with twelve energetic EMR students, one inspiring classroom teacher, two willing sixth grade helpers, and one enthusiastic art teacher. The result — a giant dollhouse that captured the interest and imagination of the whole student body in our elementary school!

BEGINNING Working with children with special needs — as well as regular class children — was a new challenge for me. In the first semester I learned that my art lessons had to be simple and direct with a minimum of verbalization, and emphasize manipulative rather than cognitive skills. Group concentration seemed to correlate with the degree of personal involvement, and an end product as a goal helped facilitate learning appropriate skills. I especially felt that the older children needed to learn to share and work with each other more effectively.

A supply of shoe box covers and crayon boxes was on hand, so I challenged the class of twelve and thirteen year old children to transform the boxes into buildings. Their interest and involvement grew as they worked on the lesson. Upon completion of these relief houses, all of us decided we wanted to build a large three-dimensional home with furnishings.

DEVELOPMENT The dollhouse project was started with two sets of boxes. Approximately twelve-inch cubes became the kitchen, dining room, garage, playroom, boy's bedroom and girl's bedroom, and two larger cartons became the living area, the bathroom, and master bedroom. After window spaces and doorways were established, the rooms were wallpapered or painted, and then joined together.

Finishing the exterior and site involved solving these problems — shingled roof with chimney, clapboards and shutters, a raised porch with roof and pillars, side door with overhang and step, driveway, sidewalk, and grass. Inside furnishings were made from boxes, lids, wood, spools, fabric, and scraps. Children in all the other classes gradually became involved, too. They checked the weekly progress, made suggestions, and contributed miniature items such as telephones, dishes, and toys.

Two sixth grade boys stayed after school once a week for a brainstorming session with me and also assisted the special children during the art period, especially the wooden furniture builders. Some activities, the weaving and sewing for example, were continued throughout the week by the special children in their own classroom. Individual and committee progress was recorded each time we met. With the classroom teacher's assistance, each child wrote a summary of personal experiences relating to the construction of the giant dollhouse. These were compiled in book form along with black and white photographs the children took with cameras borrowed from the school district's resource center.

END PRODUCT Since students of all age and grade levels in our building identified with the dollhouse project, we placed the house and site on permanent display in the school library where all could continue to see and enjoy it.□

The Integration of Art Therapy with Art Education

by ELISA EISENMAN SCHERER, ATR

Art education and art therapy are complimentary and compatible disciplines. I am advocating that art teachers receive art therapy training. The art teacher sees a facet of a student's personality not usually visible during academic studies. Art allows for freedom of expression, fantasizing and playfulness. Art requires planning, innovation and manual dexterity. An art teacher capitalizes on this creative energy during the lesson, but what does he or she do with it once released? Can he understand or interpret the communication of feelings, fantasies and problems expressed in the art work? Here is where training in art therapy would be helpful.

Let us examine the role and goals of both art teachers and art therapists, draw comparisons and site their differences.

Both the art teacher and art therapist use art materials and must know effective ways of using various media. They must also know how to impart this information to their students or clients. The art therapist is sensitive to the intrinsic therapeutic value of manipulating art materials and guides each client to find the media best suited to his or her personality. For example, an art therapist would give easily controllable materials to a hyperactive person until s(he) was ready for change.

Art educators are interested in teaching their students concepts of design, color and composition, to appreciate the arts and to know the history or development of creative movements. I believe that an art teacher-therapist should be well educated in past and contemporary creative thought but should use the information when deemed appropriate. A person learns and retains information that is relevant to his or her life. A client who works in a particular style can appreciate a work of art if it speaks his language.

It is a misconception that art therapists are only interested in the process of creativity and art teachers, the product. Edith Kramer, a leader in the field of art therapy and my mentor, emphasizes that the product must have aesthetic value in order to be a meaningful personal statement. Conversely, an art teacher should be concerned with guiding the process of creativity in order to teach the whole person.

When the work is completed, the art teacher might criticize it based on the elements of design, color and composition. While the emotional quality is not overlooked, it is viewed objectively as an aspect of the work rather than the student's subjective expression. The art therapist recognizes the art work as a fundamental means of communication. Part of the learning process is the sharing that goes on during and after the art activity. The art therapist and the client enter into a relationship attempting to decode the client's symbolic language. The therapist, with a trained eye, can diagnose the intraphysic and interpersonal conflicts expressed in the art work and listens to what the client is able to verbalize. Through guided fantasies and other techniques, the art therapist can help his client work through his conflicts. In a group setting, each participant receives mutual support and feedback. By having each member project their ideas onto the work of art, each member receives greater insight and awareness of what s(he) is communicating through the art work. The client's collected works document his or her progression or regression.

This part of the therapeutic learning process requires time and commitment and I know most art teachers do not have the time even if they are so inclined. Also, art teachers serve a great many students. However, some art therapy principles can be applied in the art room. An art teacher-therapist can work diagnostically and therapeutically with a team of teachers and guidance personnel. Also, I am aware that art therapy is effective with some students and knowing when and with whom to use it is an acquired skill.

Let me outline how art therapy can be used diagnostically and be applied therapeutically in the art room.

The classroom is a microcosm of society. All teachers take courses in psychology and personality development. When teachers provide a supportive and non-threatening atmosphere, they recognize individual differences, intraphysic and interpersonal conflicts demonstrated in the classroom. Art teachers receiving art therapy training would be better equipped to handle feelings that arise through the art activity and help their students develop constructive and positive means of communication.

The design of the classroom and structure of time can create a therapeutic milieu. Classroom arrangement, particularly seating, influences behavior and student interaction. Teachers and students choose objects with which they can identify. A variety of interest areas stimulate creativity and accomodate mood changes. Flexibility is a key factor in creating an atmosphere conducive to learning. Times for group and individual instruction, structured and unstructured activities, with and without supervision need to be considered when planning a program. Allowing teachers and students to design their own space helps them develop a sense of their own needs and desires.

Teachers are responsible for integrating the cognitive, affective and psychomotor learning. Art teachers can observe physical dexterity, attention span, visual and auditory discrimination. They can test student's ability to solve problems, think abstractly and organize ideas. With further training an art teacher-therapist can administer projective tests such as the Draw-A-Person Test, House-Tree-Person Test, Kinetic Family Drawing, etc. The insight gained through diagnostic testing is invaluable information to other teachers and guidance personnel. This information can also be used to help the art teacher create a program which speaks directly to the needs of the students.

In this paper, I have outlined my concepts for quality art education. It has been my experience that by uniting the expressive arts therapies and education one enters into a journey of creativity, self-actualization and more meaningful communication.□

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Art with the Mentally Retarded Child Therapy and Education

by KAY E. MARTINEZ, A.T.R.

Therapy and Education of children are not really so different in basic orientation. Both are processes provided to aid the child in achieving his fullest potential. Both strive for change. In a theraputic situation, programming is done usually on an individual basis, while in school, the problem is the developing of children en masse, and must be considered in terms of broad general goals within a system which allows for the individual. I feel that today's schools are in the process of re-evaluating, and this also is necessary in the special area of education for the mentally retarded. The 1969 television production of Halmark, *Teacher, Teacher,* dealt with the conflict of educational approaches in M.R. One teacher centered, one child centered, both gained results, but one was much more stressful for both the teacher and student. It is a matter of defining the goals. I stated above, our general orientation is toward aiding children in achieving their fullest potential, but in down to earth terms the main problem is to help them cope successfully with the problems in society plus motivate them to want to. Part of this preparation includes the elementary skills: reading, writing, speaking, and arithmetic, but we mustn't overlook ability to think, the ability to tolerate uncertainty, and the development of social responsibility which carry over into their daily life concurrent with their school life. Many students feel that school has nothing to do with their life, outside of providing a certain social structure.

For instance, of the elementary skills, reading and writing are most important for those who go on to higher education. Unfortunately, these skills, which are difficult for so many MR children, are the goals of many high-powered special programs aimed at them. Many children are for this reason programmed for many hours in reading which adds much to their frustrations and feelings of inadequacy developing behavioral and psychological reactions that sometimes get quite out of hand. Is the child really the problem? When we speak of developing his fullest potential we surely don't mean he should do equally well in every area. After he has the essentials of the basic skills, couldn't we find the child's best skill and help him improve that? Special Education students are sometimes excluded from such activities as sports and music. Even practice in something as common as speaking skills, which in terms of their future in society is highly important, is denied to many. In many classrooms, silence becomes the prized skill. Programs need to be designed to develop both confidence and competence in speaking, questioning, and expressing themselves. Who does the most talking in most classrooms?

But reading, writing, and speaking are not the only important elements in adjusting

ART ANALYSIS WORK SHEET

Levels of Graphic Expression in Normal Development	PIAGET'S — Levels
I. Scribble (2-4 years): A. Disorganized B. Concentric D. Longitudinal D. Isolated closures D^2. Named	I. Sensory motor operation — a coordinating of successive perception which remains an inference thru all levels.
II. Pre-Schematic (4-6 years): E^1 E^2. Early gross form representation F. Representative geometric symbols G. No spatial relationships H. Emotional use of color	II. Symbolic and pre-conceptual thought.
III. Schematic (7-9 years): I. Base-line J. Spatial relationships K. Exaggeration (size only) L. Forms perpendicular to baseline M. Subjective space representations N. "Folding over" O. Mixture of plane and elevation P. No temporal order Q. Representational (objective) color R. "X-ray"	III. Intuitive thought. IV. Concrete Operations Grouping Conservations of whole. (Final stage of concrete) V. Formal operations (12 years +) reflective thinking.
IV. Realistic (9-11 years): (Representation of reality as a visual concept; linear orientations) S. Spatial correlations (Proportion) T. Emphasis on detail U. Clothed figures V. Use of plane rather than baseline W. Subjective color relationships X. Conscious approach to design	

successfully to society, though in many special classrooms the equally important training of logical and creative intelligence and the development of social responsibility are not even considered. Such things are for the intelligent children.

The research of Jean Piaget has given a model of the processes involved in the development of intelligence which is relative to our using art with children of all levels of intelligence. Much is involved in the theory, but basically he states there needs to be training of perceptual skills and development of skills in concrete operations to aid the child's acquiring of the data before the final step of transformation. This process is essentially the foundation for creative thinking too. Art in its most humanistic sense is a living process that can, if presented as a process, contribute to the child's development in these initial skills of perception and concrete operations plus provide the opportunities for the final step of transformation.

Piaget's theory makes the reservation, however, that development follows its own laws, and that each stage of development opens up possibilities. In this conotation then we will review the normal developmental stages represented by graphic achievement which can loosely be used to approximate the basis of the child's developmental level. These examples then are based on the description by Lowenfield in his book, *Creative and Mental Growth*.

Knowing the stage of development of each child is of some interest. It can help the teacher understand the limits of the individual's development level in symbolizing graphically and approximate his level of operational thinking. With this foundation of understanding the teacher is faced with the problem of designing the program which will best encourage further development. But the job is not so simple as that. It is often complicated by an attitude of apathy, failure, or defensive hostility on the part of students. These problems, seen in all classrooms, are often more concentrated in the Special Education classroom. In any case they need to be handled effectively or much time is lost in dreary discipline measures. Many studies have found improvement in student attitudes by stimulating their interest. How to do that? Involvement - people, students included, become interested when they are involved in doing things. Granted, this is easier said than done, but I feel art activities can help provide some situations to encourage this involvement by giving students the opportunities to get in the act, manipulate, experiment and most of all succeed. This motivational approach is somewhat different than the traditional art education projects in cutting, gluing, and drawing. These activities are reality testing situations in which the student is free to express his reactions to problems in creative ways. The idea is to stimulate their curiosity and awarenesses. Initially there may be great resistance. This often is a reaction to the new loose structure, even though the security lost may have been somewhat stupefying. In discussing creativity and free expressive techniques, we imply some relationship between them. Our first assumption is that each person is unique and has some potential for creativity. Therefore, the retarded individual falls somewhere within the range of awareness and response which we term creative living. Each individual has responded differently to his life problems and has found success to some degree. That is to most of life, often we find that school uniformly "turns off" many. What is the difference? Everyday life provides lots of little problems, what to eat?; what to do?; and every problem presents several possibilities. Often there is no right answer just a series of alternatives. Real life is a continuum of choices, a way with many roads and where the answers are choices - some better than others, we get a collage of various shades of gray. In school, however, we offer an artificial black and white, right or wrong, question and answer static situation. The certainty principle which doesn't correlate to anything else in a child's life becomes paramount. The basic processes of life: wondering, questioning, the trial and error approach that is natural to children finds no place. Art in school should be that place, the place to continue their natural curiosity and testing. As you have looked at modern art, I'm sure you have heard the comment "Is that art?" The answer is no - what one sees on the wall in the gallery of museums is the end product of Art. Art is and always has been a process of man, responding to life, the problems, the facts, the fantacies and the joys of life. Viewed in this way one can see the prehistoric cave paintings and the World War II expressionistic paintings in a continuum which includes each child's attempt with crayon, paint, or clay. A child is initially free to delve into this vital function, but later, in school, we often find that children develop great inhibitions in this area of expression, because they can't draw it "right". In programming free expressive techniques we try to revitalize this initial feeling of freedom and re-open a way for students to explore and test reality in a limited way.

This is a method of introducing the problem solving approach into the classroom, to activate and challenge those who have turned off. Granted what we present is limited, and we purposely limit it at first to provide a small non-threatening place in which they can try out their own responses. The art time should be approached as an open ended area, akin to life, in which the student is encouraged to re-activate, think of all the possibilities bringing new dimensions to familiar objects. Since art in this sense calls for a unique response from each student, there should be no attempt at grading. It doesn't even matter if there's no finished product. The question should be "did he become involved in the process?"□

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Art Therapy: Fantasy, Fiction and Fact

FRANCES E. ANDERSON, Ed.D., ATR
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Illinois State University
Normal, Illinois

INTRODUCTION

In corridors of colleges and hotels during art conferences, the following conversation is likely to be heard between two art students:

"I'm not worried about getting a job when I get out . . . I'm going to be an art therapist," remarks Robert, an undergraduate painting major, with a zealous look in his eyes.

"Art Therapy!! Art Therapy?? What is that??" queries Sally, an art education major, "Sounds intriguing — maybe I should think about doing that myself — I am not really too excited about getting my teaching certificate — especially when the job market is minus zero these days."

ROBERT: "Yeh, well . . . see therapy is the newest thing . . . there are loads of jobs and you don't have to go into art ed, or even be certified to take any art ed courses. It is all tied up to the medical thing — and you just know that anything connected with medicine is first class — goes first class. And it is a nifty way to combine my interests in psychology and art."

SALLY: "But . . . doesn't that require special training — especially when you are doing therapy and dealing with people's problems??"

ROBERT: "Well, I don't know — I know that Paula, who graduated two years ago just talked herself into a job at the psychiatric ward at McCall Drug Rehab. Center and is doing art thereapy there with some of the clients. Paula just had an art degree."

SALLY: "I wonder if the department will be offering courses in art therapy . . . You know how everyone is running around worrying about enrollments . . . and we are loosing Mr. Binney and Ms. Smith next year cause the painting enrollment has really dropped.

This vignette could go on — and on — for similar conversations are occuring in many parts of the country. There are many, many questions and misconceptions about art education and art therapy these days. Is there a new job market? How does one become an art therapist? What training is needed? Where does art education enter the picture?

Art Therapy is not necessarily "new" Professionals, mainly in mental health facilities, have been plying their trade, since the early thirties. In the last decade, however, several factors have focused much greater attention on this profession. First, the American Art Therapy Association was founded in 1969 in Louisville, Kentucky. There, about 150 of us staked our collective future on a national professional organization. Currently there are over 900 (939 to be exact) members of this association of which 336 proudly bear the added title Art Therapist Registered.[3] That is a growth rate of over 600 percent.

Elsewhere some of the reasons for such growth have been documented and I shall touch only briefly on some of the causes.[5 6 13 14] First the legal mandate that special children are to be availed of equal educational opportunity — i.e. they must be "mainstreamed," has created a greater interest (and job opportunities) in the area of the handicapped person. Then, with the cutback of educational funds art jobs are evaporating in many parts of the country. What few art teachers remain are an even more endangered species, because they have just not been prepared to cope with mainstreamed handicapped students (and art is one of the first places that such atypical children are mainstreamed). These teachers are turning to art therapy for answers.[8 14]

A Few Personal Reflections

In fact, that is how a lot of my own itnerest in the field began. Back in "04" when I landed by first public school teaching job in a small Indiana town, I had, in addition to teaching art to grades 1-12, a group of "special children". Well this particular group defied all the "rules" that I had learned about teaching. They could not sit still for longer than 3 minutes. Periodically one young child (ages 6-13 were dumped into the same class) would go berserk and would run wildly around the room until I caught him — whereupon he would go limp in my arms and I had to leave my other 12 "specials" to carry him to his teacher . . . who inevitably was in tears herself over the situation.

There had to be a better way, so I began to read about the psychology of special children and found references to art therapy. I wrote various professionals and attempted to find a training program but was not successful. I also explored "activity therapy" at nearby mental hospitals but again seemed to hit a dead end in terms of my search for information and training programs. So I just temporarily put my interest on the back burner and embarked on doctoral studies.

It was not until the end of my graduate studies that I was able to do some in-depth study of art therapy. As a result of that work, I heard of the founding meeting of the American Art Therapy Association in July, 1969, in Louisville, Kentucky, and went. Later, when my tenure at Illinois State University began, I was able to create opportunities for art therapy in our laboratory school for special children. I worked with blind, deaf, emotionally disturbed, and physically handicapped children in both a therapeutic and educational context. This has meant doing a lot of reading on my own, consulting with others, and taking additional coursework. Currently this involvement has extended to a residential school for multiply handicapped children where I and university students run an evening program for some of the brighter residents who can benefit most from this sort of program (at times, I am not certain who benefits more, us or the "residents").

The point of these personal reflections is that I, like so many others, happened into the field via the "back door". We have had a persistent interest and have never given up knocking on doors and on creating our own art therapy situations, mainly because there were no specific training programs — or we were just not in a position to interrupt our careers to partake of special training which more often than not was practically nonexistant.

Art Therapy Training

Art therapy training is a relatively new development on education's horizon. A decade ago, there was, to my knowledge, only one degree program in existence. There are now, according to the latest report of the Education Committee of the American Art Therapy Association (September, 1977)[16], 21 master degree programs in art therapy; 22 other post graduate programs, 31 undergraduate programs, 34 institutions of higher learning offering some course in art therapy or related field, 5 overseas graduate programs, and 2 other overseas institutes.[16 17] This is not any kind of an "approved listing," (currently there is no such things as a list of "association approved training programs",) but it does give some indication of the expansion of course offerings since 1969 when there were less than a half dozen institutions offering any kind of course-work in art therapy.

A degree program in art therapy is no guarantee that an individual will find a job — or will become a Registered Art Therapist. These are two separate issues. The recognized current training level is at the Masters degree level and there is a trend toward additional training.[11] A recent issue of *Art Psychotherapy* (1976) (the only other professional journal devoted to art therapy) carried news of a "doctoral program in Creative Arts in Therapy"[9] offered by the International Graduate School in Lugano, Switzerland. So, there is a move toward training at the doctoral level.

Registration as an Art Therapist

To become a Registered Art Therapist one has to be a member in good standing with the American Art Therapy Association and has to have accumulated 1000 paid hours with a client in an art therapy work situation and 300 hours supervised by a Registered Art Therapist (and if you are in a training program you probably will have over 300 supervised hours.) Credit is also given for educational training. In this way the individual accumulates a prescribed number (twelve) of Professional Quality Points. All of this must be verified by a Registered Art Therapist.[1] For more information about registration, the reader is urged to write, Chair Standards, American Art Therapy Association.[4]

Job Market

Is there a job market for art therapists?? That is perhaps the most difficult question to answer. It is hard to get a handle on the situation. Most art therapy students are quite a committed zealous lot — and they have been able to talk themselves into jobs.[10] (For that is precisely what most have to do. There is no employer who will beat a path to your door.) On the other hand there is a much wider scope of job opportunities open to the art therapist in institutions ranging from prisons, to geriatric facilities, to residential schools for special children.[4 13]

Test The Water

In closing, I want to share what I tell persons who have expressed interest in art therapy. It is helpful to have some exposure to clientele and institutions which serve those persons who can benefit from art therapy. Volunteer at a local agency — a drug rehabilitation center, a special school for mentally handicapped children, a sheltered care facility or a nursing home. Most communities have at least one such facility. Test the Water. Many students' zeal has cooled after such encounters, but the ones who survive are the prime candidates for becoming art therapists. Read. Take some psychology courses. To be an art therapist the individual must not only have his or her own act together, he or she has to have some basic art abilities (therapists also espouse the artist as a model), and a head on his or her shoulders.[4 8] (Three years ago a colleague who was in charge of one of the oldest art therapy training programs confided that they had to turn down three students who had straight 4.0 grade point averages — space was so limited)

Defining Art Therapy

Finally, we come to the whole issue of what art therapy is. It would be presumptuous and an impossibility to provide a specific definition — since the field is dynamic and not static. In fact, at the 1976, 7th Annual American Art Therapy Association meeting, a plenary session was devoted to "Art Therapy; An Exploration of Definitions". There was no clear outcome as the result of this discussion.[7]

However, some information can be shared. In the preface on the 1975-76 Directory of the American Art Therapy Association, two major approaches to art therapy are described: using art as therapy and using art as a vehicle for psychotherapy.

> . . . art as therapy implies that the creative process can be a means both to reconciling conflicts and of fostering self-awareness and personal growth. (When art is used) as a vehicle for psychotherapy, both the product and the associative references may be used in an effort to help the individual find a compatible relationship between his inner and outer worlds.[3]

Perhaps the reader may not be aware that the American Art Therapy Association prints an information packet which may be obtained by sending a large stamped self-addressed envelope to the Pittsburgh office.[4] Among other things, the packet provides some pertinent information about the role of the art therapist and how art therapy relates to art education. Permit me to share some of the information.

> Art therapy may be an adjuntive, parallel or primary treatment modality in the field of mental health. For example, it is used in private psychiatric facilities, community mental health centers and schools for emotionally disturbed and brain-damaged children and in special education facilities in public schools. The population to whom the art therapist may provide a service includes adults and children with varying degrees of functional and organic pathology; normal children and adults in schools and growth centers; drug addicts, the elderly and prisoners. Its value as a predictor for behavior, problems and usefulness for crisis intervention has been documented by psychiatrists, psychologists, and art therapists working in private and public school systems.
>
> Art Therapy does overlap with art education. However, in art therapy the emphasis is never on skills for their own sake or skills used for purposes extraneous to expression. When the use of art is closely associated with verbal psychotherapy, too much emphasis on technique may interfere with the directness of non-verbal communications. In art as therapy, art techniques are important. They are used to facilitate personal expression
>
> Although there is not unanimous agreement about the qualifications for art therapists, many people believe that experience with art (as practitioner) and knowledge of materials and techniques of drawing, painting and ceramics as well as sculpture are essential. Some knowledge from the field of art education is likely to prove useful; also knowledge from the fields of clinical psychology, projective techniques, psychoanalysis and other systems of psychotherapy are likewise useful.[4]

Elsewhere a more detailed discussion of art education and art therapy has been charted. If interested I urge the reader to peruse these articles.[7 8 14]

Conclusion

Art therapy is a viable career alternative and we will be hearing more and more about this emerging profession. Right now I see the fields of art education and art therapy as mutually beneficial, both in terms of application and in terms of research. This may not always be the case, but at present and for the near future, each field can benefit from the other. I can foresee the time when a course art therapy and/or art for special education will be a part of the art education teacher preparation curriculum. In fact, I think the time will come when teacher certification in art education and certification as a Registered Art Therapist would be a highly desirable combination to have.□

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Group Art Therapy in a Making-Centered Environment for the Multi-Handicapped Child

by GEORGIANA JUNGELS, A.T.R.

This article will concentrate on some specific goals, structures, experiences, and examples of group art therapy with multi-handicapped children. My comments are based on evidence and insights obtained during an 8-week creative Arts Therapy Program for multi-handicapped children at the Children's Rehabilitation Center of Children's Hospital, Buffalo, New York. When I refer to art therapy in this article, I mean a distinct therapy which is primarily concerned with effecting change through the making of visual and/or tactile objects.

I worked with 36 children who were divided into three groups according to age. Group I was composed of children from 4 through 5½, Group II of children from 5½ through 6, Group III of children from 7 through 9. Disabilities included cerebral palsy, mental retardation, minimal brain damage, epilepsy, paraplegia, and deafness. Many of these children began in art therapy producing scribble images because of age level, physical handicap, or expressive hesitancy. Growth required time, handicap required adaptation, and hesitancy required constant encouragement, positive reinforcement and imaginative stimuli.

Group art therapy sessions were scheduled for 30 minutes three mornings a week. During these periods the children explored drawing, painting, modeling, printing, weaving, and three-dimensional constructions. Such varied media and processes offered opportunity for experimentation, discovery, and growth. Some visual art activities were included as enriching stimuli in the other creative arts therapy sessions. For example, puppets were made in drama; rattles were decorated in dance; bare-feet wet with paint moved rhythmically across paper in music. Dance, drama, music and art complimented each other in order to provide meaningful therapy for the hearing-seeing-talking-touching-tasting-smelling-moving child. An insight into a particular child gained from one therapy might suggest therapeutic experiences in another arts therapy. We also shared this therapeutic responsibility with the entire staff of the Rehabilitation Center. At the same time, each creative arts therapy offered a unique approach and means particular to the art form. In art therapy the child explores color, shape, line, motion, space, texture and dimension in order to express in visual language.

The images of the children's work which you see reproduced here were selected from slides of all the children's work made during the 8-week group art therapy sessions. Taking slides regularly enables an art therapist to observe the development of each child's total art work without keeping pictures or objects from the children. The art therapist can review the slides to see what each child draws, paints, models, and makes from session to session. Slides enable a therapist to study visual expressive age levels, art skills, self images, colors, shapes, and objects. However slides — or even the original art pieces — are only facets in the total expression of each child, just as photographs in a family album recall limited memories. Therefore, in sharing some of these slides with you I must also include my observations of each child's words, gestures, and behavior. Corresponding slides and text are arranged so that they are visible simultaneously, indicating a visually related impression.

Though multi-handicapped children may indicate varying degrees of emotional disturbance related to their physical or mental handicap, their primary handicap is not an emotional one. Therefore I suggest that group art therapy for the multiply handicapped child is different than group art therapy for the child who is emotionally disturbed. The art therapist who works with the emotionally disturbed child searches for the roots of disturbance in order to facilitate change to a healthier emotional life. The art therapist who works with the physicaily handicapped child, the mentally handicapped child, or the brain damaged child tries to help each child discover personal identity, accept the handicap, and develop adapted skills. The handicapped child fluctuates in visual expression depending upon the relationship between the media and the handicap, between the child's age and visual expressive stage, and between the child's insights and ability to communicate them. Art therapy requires a delicate balance between the made object and the making process. I suggest that group art therapy can

enable the handicapped child

—to enhance self image as the child develops ability
  to impose order on materials
  to see self as a maker of beautiful objects
  to depict visual images of self

—to realistically accept and challenge personal abilities

—to imaginatively re-experience and integrate a growing awareness of the world outside

—to develop adapted skills

—to embody expanding insights into the made objects

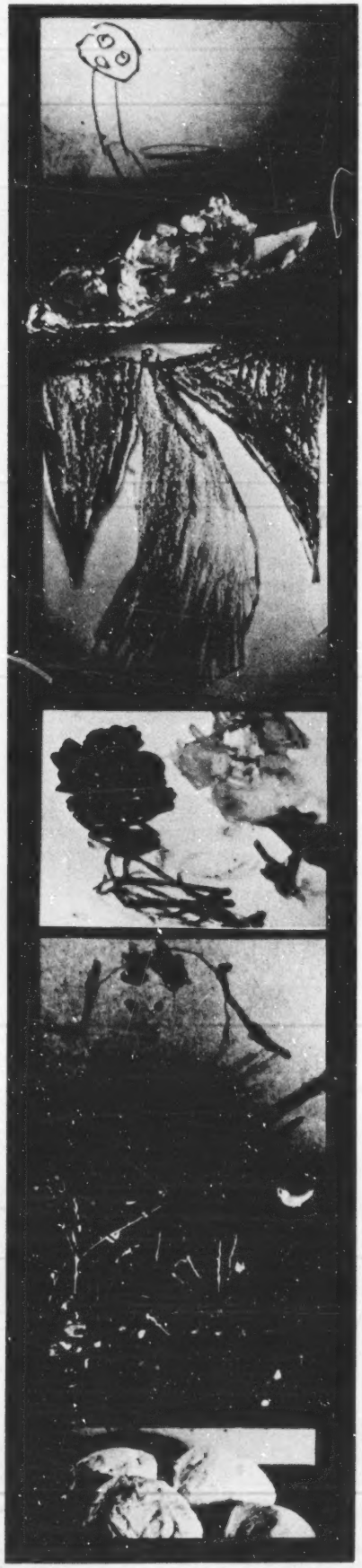
The final goal of group art therapy is to eliminate each enrolled child's need for group art therapy. A child no longer needs group art therapy once the above goals are achieved and the child can express rich, varied visual images which are satisfying. Of course, a child does continue to need the constant opportunity to explore and discover individual identity through making in the visual and tactile arts.

To implement these goals, I have developed a making-centered art therapy program structured on exercises which can stimulate each child's sensitivity to the reality of a handicapping condition and the discovery of personal skills in visual language. Realizing that each therapy relationship is unique and requires frequent intuitive responses, I offer the following observations, examples and exercises as limited hints in our mutual search for ways to assist the handicapped child develop an independent esteemed self.

Making-centered group art therapy requires that the art therapist provide an environment conducive to creative making by the group and by each child. When this environment includes therapist-organized materials, the actual therapy session can be less verbal and less therapist centered than those of the other creative arts. Each art media imposes certain non-verbal limitations. As the child works with materials he discovers what he can do with them and what materials won't do for him. If everything the children make is displayed immediately after a session, they will see their own visual images handled with care and respect. This exhibit of their work will gradually enhance confidence in their own abilities. As conversations refer to this displayed work, the art therapist notes with which personal works a child is satisfied or dissatisfied. On the other hand, placing a child's work in a judged position within the group by comparative criticism or by a standard of group achievement destroys confidence and inhibits progress in visual communication. In the beginning, I think that each child should frequently be told: only YOU can make your special drawings, paintings, objects. Some children rarely need this statement of confidence and freedom. Some are barely freed from their expressive hesitancy. Others experience turning points through a particular first success. For example: For four weeks H. said constantly,

"I can't"
"Help me."
"You make it for me."

H. was a 7-year old boy with cerebral palsy, below average IQ, and limited use of his right hand and leg. His first drawings were immature, hesitant and unsatisfying to him. (Fig. 1) With clay he built a tower of cups and squashed it. One day in group art therapy he saw the film "Paddle to the Sea." This film story follows the adventures of a young boy's carved man-in-a-canoe through the water routes of Alaska, Canada, and the Great Lakes to the Atlantic Ocean. Immediately after this film, H. wanted to draw a canoe but disliked



each of his attempts. His linear shape combinations were sparse and undefined. H. was the only child during this 8-week therapy period who adamantly insisted that I draw a desired image to his specific details and corrections. A week later H. worked with papier-mache pulp squeezing it through his fingers saying,

"I can't." "I can't." "I can't."

I held his hand for a moment and helped him squeeze and gently pull a small section of pulp.

"What does it look like?"

"A nose."

"Your nose?"

"No, a bear's nose."

"What else will he need?"

"Ears!"

H. pulled two small ears and stopped. But his attention continued.

"I think it's a bear."

he said as he reshaped the entire piece of pulp until it formed a head and cylindrical body. With great pleasure he told me he had finished.

"It's a rabbit?"

Then he made another rabbit to peek over the shoulder of the first rabbit. Both rabbits were placed in the canoe H. had made earlier in a group project. (Fig. 2) In subsequent group art therapy sessions. H. asked for help occasionally (particularly during two-handed activities and scissors cutting), hesitated to express himself, and rejected things that he made. But his two rabbits displayed on a table reminded him that he was able to make something which pleased him (sometimes H. and I recalled this success in our conversations). During the 7th week of group art therapy, H. made his eagle! (Fig. 3) In every way, H's eagle was a high point for him. He initiated the subject and media, and he independently executed every step. After drawing the eagle to his satisfaction, he began to cut it out — using scissors independently for the first time. He never asked for help but used his right elbow to hold down the shape which he carefully cut out with the scissors in his left hand.

I would now like to specify in more detail some of the responsibilities of an art therapist in a making-centered environment. Before each group art therapy session, the therapist organizes supplies of primary need. Often materials must be adapted to particular handicaps. This readiness of the art therapy room frees the therapist and the children from the many verbal directives which are necessary when materials are prepared during the therapy session. In addition a non-verbal, but communicative, expressive form is available to the children. My group art therapy sessions begin with what best could be described as a group happening — a mutually shared stimuli. Group personality, individual needs, the particular therapeutic goals of a session, and the inherent suggestions of the media suggest appropriate beginnings. This stimuli might be a story, a game, a new food to taste, things to feel, a film, a record, tape recordings, shadows, counting the bones of the hands, etc. After a shared experience each child goes to a working space suited to his physical needs: an easel, a table, a desk, the floor, the wall, a lapboard placed over a wheelchair. Because the physically handicapped child is often under considerable pressure to improve limited physical abilities, the art therapist might *not* require a child with a handicapping condition to challenge physical handicaps during art therapy particularly in beginning sessions. Group art therapy offers the handicapped child the opportunity to discover non-handicapped abilities. A child could stay in a wheelchair, or put aside crutches, or lay on the floor to work. I feel that it was this freedom not to use her involved hands that allowed O., a 6½ year old girl with spastic cerebral palsy and involvement of both hands, seemingly to overcome her disability when she painted. (Fig. 4, 5)

To become familiar with each child's needs at the beginning of a therapy program, I have found it helpful to start group art sessions with common group projects and progress to individual work at a pace commensurate with individual's ability to handle visual and tactile expression independently. Here are some examples of these opening activities. Fig. 6 shows the papier mache "mountains" and a food-laden "forest" which Group I made the first day of group art therapy. I passed around a stuffed bear who had come "into this strange room looking for a friendly place to be." "Let's build him a mountain to climb and make him some food to eat." They built the mountain out of slippery, cold, smooth liquid starch and napkins. The bare branches were filled with green paper leaves and red clay berries. They modeled bear food out of play dough and one boy made pills for the bear "in case he gets sick." Fig. 7 shows the sound boxes which Group II made. First the children felt and identified wood, metal, paper, foam rubber, and tile. Then they painted the empty boxes. (Later I will describe some mysterious bubbles discovered by a 4½ year old girl during this activity.) After the boxes were dry, a different material (wood, metal, paper, foam rubber and tile) was placed on the bottom of each box. The opening was sealed with colored construction paper. Then each child tried to guess what material was at the bottom of each box by listening to the sound produced when a metal washer was pushed through the hole at the top of the box. One 6½ year old girl with spastic cerebral palsy and below average IQ identified all five sounds correctly the first time! Group III spent one week making miniature houses and furniture out of fruit boxes, wallpaper, rug remnants, tile pieces, hardware, spools, cloth, contact paper, wooden beads, and miscellaneous materials. (Fig. 8) In wallpapering this house C., a 7½-year old boy with learning disabilities and minimal physical handicap, worked with F., a 9-year old girl with cerebral palsy and severe involvement of both hands. F. looked at 22 different pieces of wallpaper before she chose a piece for the walls. C. measured and cut. They both pasted the paper to the back walls. Then F. covered button forms with cloth (I assisted her) and pasted them on top of wooden spools to make chairs. C. designed and made the stove with hinged doors that open and close. Fig. 9 shows the styrofoam, pipe cleaner, and feather birds made by Group III. Though working with similar materials, all the children combined the styrofoam, pipe cleaners, and feathers in individual ways. By the time Group III made their canoes (Fig. 10), they were ready to make the transition from group-making to individual work. After making someone to go someplace special in their waiting canoes, each child readily began to search for their personal visual expression.

While the children are involved in making, the therapist joins small groups observing difficulties, hesitancy, accomplishments, and trying to satisfy needs, requests, and to talk about any completed or in-progress work. Sometimes a child discovers an unique combination or a new use for a material which has never occurred to the therapist or any of the other children. Sharing this discovery is very exciting to the child who made the discovery, the other children, and the therapist. It contributes to a mutual eagerness to continue exploring together. When T., a 4½-year old girl with cerebral palsy, discovered the bubbles she could make while painting across the small gaps in the cardboard sound boxes, E., a 5-year old paraplegic boy, wanted to achieve the same thing as he painted his box. He tried over and over before he too could produce these much-desired mysterious bubbles.

Often ideas and discoveries are shared in small groups and individual children experience stimuli and encouragement from their peers. An art therapist encourages each child to express and share particular personal creations with the group. When R. said he was going to make a pancake in play dough, M. added that he liked raisins on his pancakes, and T. placed dozens of raisins on the pancakes she was making.

There are times when come children in a group cannot begin to work. One day when Group II arrived from drama therapy, four very excited boys rushed to show me their newly made sock puppets. After the boys began hitting the floor, the walls and each other with their puppets and running into the four children who watched and waited, I decided the puppeteers needed to rest and asked to see each of the puppets. After admiring each puppet's particular qualities (a taped nose, white shoes, wide brim hat, many-button vest), I began to swing one of the puppets as fast as I could — about the same speed as the boys had been moving. As they watched, the puppet gradually slowed down until it fell limp on the floor.

"Oh this puppet is so tired now; he needs to rest for a while."

Each boy's puppet was swung to rest, folded and placed in its owner's pantspocket. All were now ready for another experience.

There are times when an individual child refuses to participate in an art therapy session. Solutions are as varied and unpredictable as the children themselves. Sometimes all that is needed is the statement that *this* paper and *this* special place are for him when he is ready to begin. Sometimes a child needs to work privately. Sometimes a child distracts the entire group and attempts to draw attention to himself on his own terms. For example, when the children in Group I finished painting and decorating their assorted size tin-can drums, we sat in a circle to play a rhythm game. The children listened for the different sounds as they hit the different size tin-can drums with the wooden end or the eraser end of a pencil. But E., a 5-year old paraplegic boy, did not want "to be in the circle." He pushed his wheelchair to the far end of the room and talked loudly to us about another day's activity, a book he had read, a new place he had been. A game of "run-away-can" caught his attention. I placed one of the tin-can drums away from the others. The pencil-stick would "run" from tin-can drum to tin-can drum faster and faster and suddenly jump and stop with a long hard hit on the run-away drum. Each time a run-away tin-can drum was caught, E. moved a little closer to the group circle. After three catches he too wanted his turn to catch a run-away tin-can drum. Instead of verbally working out E.'s relationship with his group in this instance, I tried to dramatize his behavior symbolically. E. was very verbal and could carry on long involved conversations. He was also verbally skilled in "distracting" dialogue. Although his problems were not directly dealt with in the run-away can game, he felt that he had received attention. Since the invitation to enter the group was symbolic, E. was not embarrassed or defensive and could accept re-integration with the group.

Sometimes a child needs one-to-one conversation. J., a 5½-year old girl with neuromuscular quadraplegia, always finished her art work quite quickly and seemed unable to decide what to do after finishing. One day she painted ten shapes on her paper and was finished.

"Could these 10 round shapes be balloons?"

"Yes, but I need crayons to add the strings."

After adding strings to each balloon and identifying the color of each, J. was finished.

"Who is flying the balloons? I'll go away for a little while; why don't you surprise me?"

When I returned there was a stick figure which J. identified as a girl.

"What is she wearing?" "Surprise me again."

When I returned the figure had received a dress, shoes, and hands. Then J. did surprise me.

"Do you see the boy on the left?" "But I'm not finished yet."

She added pants, shoes and a tie to the boy. Now she was finished. (Fig. 11)

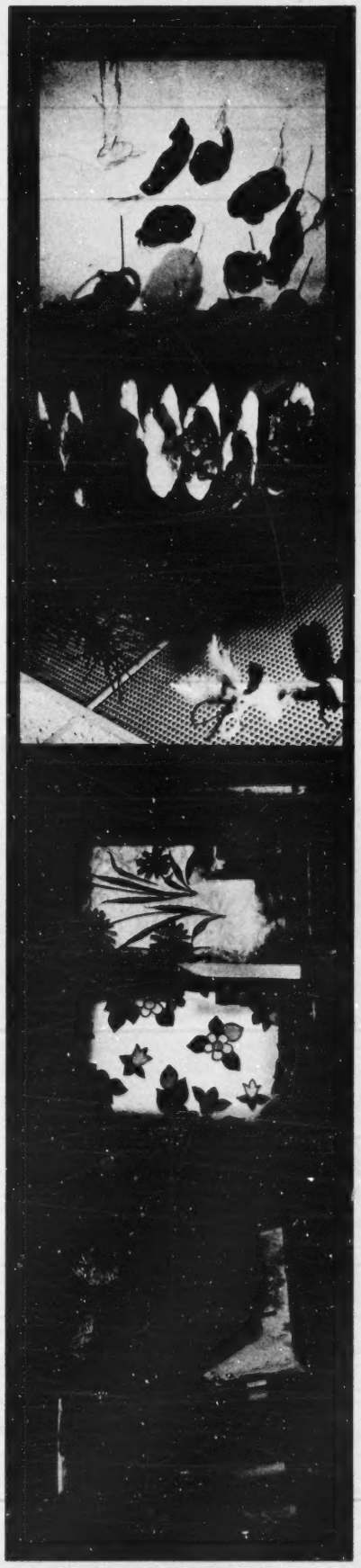
Sometimes a child needs all of the therapist's attention for an important while. One day N., a 7-year old boy with minimal brain damage, threw the largest object in the art room (a roll of linoleum) at me and then ran to hide behind a portable blackboard. I went to his special hiding place with some clay. I told him he could throw this clay on the floor as hard as he could. However I would not allow him to throw anything at me or anyone else in the room. There were many children in his group strapped in wheelchairs or walking with crutches who could not dodge a flying object. He promised not to throw anything again and asked to work where he was.

"O.K., I'll come back in a short while to see you." A few minutes later while I was sitting on the floor talking to C. about his turtle painting, N. came up behind me and suddenly punched my back so hard that I was momentarily stunned. He immediately ran back to his blackboard hiding place. When I reached him he punched and kicked me. I tried to hold him saying,

"No, I am not a turtle. I don't have a hard shell — when you hit me, it hurts me."

Unable to restrain his punches and kicks, I interrupted his attack by grasping his hair. He stopped kicking and punching and dropped to the floor, crying. I knelt down beside him and told him I was sorry I had to pull his hair so tightly in order to stop his punches and kicks.

"You'd like to pull my hair now, wouldn't you?"



"Yes,"
he said eagerly and grabbed my hair. I grabbed his hair again and when he pulled my hair very hard, I pulled his hair very hard. When he let go of my hair a little, I let go of his hair a little. I tried to match my hold on his hair to his hold on my hair. He seemed aware of the equal pulls and gradually he pulled less hard, less frequently, and finally we both stopped. His group had gone to wait for the elevator with their group leader. N. and I walked silently down the long corridor to the elevator. While we waited with his group for the elevator N. suddenly made a fist and said,

"I'm going to
(with his fist clenched he spun around toward me but just before hitting me he continued to turn until he punched the elevator button)
hit the elevator button."

Sometimes a child is so interested in a particular personal making idea that he cannot participate in the group session. When Group II wove "magic carpets" on cardboard looms, S., a 5½-year old boy with neuro-muscular paraplegia, refused to weave. I asked him,

"What do you want to do today?"
He replied,

"I want to work with a scissor, paste, paper, tape, and gold foil."
I assembled these materials and brought them to a small table where S. had wheeled himself. At the end of this session, S. proudly wore his "gold watch" taped to his arm. S. needed this opportunity to work alone with his specific materials because he was ready to begin exploring visual elements ahead of his group.

How was I able to direct my attention from the whole group to small groups to individuals? This freedom was only possible because I was assisted by sensitive group leaders and volunteers. During the Creative Arts Therapy Program at Children's Rehabilitation Center, each group had a very sensitive group leader who knew the children well and worked with them in all of their creative arts therapy sessions. The group leader could recall an incident from music therapy, dance therapy, or drama therapy, which a child might be bringing to art therapy. Because of limited hand use, some children required a volunteer's patient individual attention in order to learn art skills. For example, one child with spastic cerebral palsy was determined to use a scissors and cut his own paper shapes. A volunteer spent several entire sessions helping open and close the scissors.

The group art therapist's duties do not end with the ending of a day's sessions. After each therapy session, the therapist records and carefully studies what each child has made, worked on, said, described, or contributed to the group. Patterns of favorite subjects become apparent: roads, cookies, turtles, pills, pancakes, flying, etc. Often there are objective facts which the children verbally discuss but do not visually depict and vice versa: body parts, personal images, groups of people, wheelchairs, braces, crutches, etc. An art therapist must make close observations of what a child makes and what a child says while making. The art therapist studies each child's visual and verbal expression in order to understand the whole child. Various exercises can be developed by the art therapist to heighten opportunities for visual expression. A child explores two and three-dimensional space through the processes of drawing, painting, printing, weaving, modeling, constructing, cutting and pasting. A child extends beyond cliche images by sharing experiences, learning skills, snythesizing concepts and making art work in a personal and unique visual style. Art therapy offers the child with a handicapping condition an opportunity to express ideas, insights, concerns, and feelings.□

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Art Therapy
Its Relationship to Art Education

by CAY DRACHNIK, M.A., A.T.R.
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Art education today is at a crossroads. The public is demanding less frills in public school education, while researchers are pointing out the value of art in intellectual development. Dr. Jean Huston says, "The child without access to a stimulating arts program is being systematically cut off from most of the ways in which he can perceive the world. His brain is being systematically damaged."[1]

Charles Dorn, a California educator, has stated that he feels that art education today is based on the disciplinary notions of the sixties, and that art teachers do not understand those concepts. As a result, art education with its framework stressing accountabiiity is floundering.[2]

How, then, does art therapy fit into the picture? Is art therapy a means of revitalizing art education, or is it a separate field of its own? In order to find out the answers we must first examine both art therapy and art education in an historical context.

Queen Victoria died in 1901, and with her went the age of "Victorianism," or sexual repression. This opened the door for the study of psychology. Freud published his "Studies on Hysteria" in 1895 and his "Interpretation of Dreams" in 1900, but neither book received much acclaim.

In the 1880's in the United States, the child study movement got under way under the leadership of eminent American psychologist G. Stanley Hall. This movement combined psychology and education, and its main concern was with the mental and physical development of the child. In the past, the child had been viewed as a miniature adult and could not possibly attain the high goals that were set for him.

In 1909 Freud was invited by G. Stanley Hall, who early on recognized his contribution to psychology, to speak at Clark University in Massachusetts. This was Freud's first real academic recognition. From that time on, Freud and another prominent educator, John Dewey, were the main catalysts for the child study movement; Freud with his studies on psychoanalysis and Dewey with his tremendous influence on education.

John Dewey was born in 1859 and died in 1952. He was a professor of philosophy at Columbia University from 1904 until his retirement in 1930. He wrote many books about his theories of education. In "Art as an Experience," published in 1934, he expounded his philosophy of art education. He felt that art, like other courses in education, should be experienced.[3] Because of his writings, art education shifted from a concern for correct drawing to an emphasis upon unlocking the creative capacities of children.

Other personages around the turn of the century were to influence both art therapy and art education in their development. Carl Jung with his approach to archtypal symbolism and his idea of the collective unconscious stimulated interest in a different form of psychoanalytical theory.[4] Today, Freud is passe, but Jung with his concept of self actualization has become popular with the practitioners of psychotherapy. Many art therapists appreciate his writings on symbolism and follow the "Jungian" approach.

Roschach was a compatriot of Jung. Both men lived in Switzerland, and Rorschach took several classes under Jung at the University of Zurich. Rorschach developed ink blots which he felt could reveal a subject's basic personality. These blots paved the way for later projective techniques, such as Buck's "House-Tree-Person" and Florence Goodenough's "Draw a Man." Art therapists have adapted these tests for their own diagnostic procedures in analyzing drawings.

The Gestalt psychology of Wertheimer, Kohler, and Koffa were to not only influence early practitioners of art education and psychology, but were to provide the basis of today's Gestalt Art Therapy. Lauretta Bender, a senior psychiatrist at Bellevue Hospital in New York City in the thirties, used the perceptual theories of the Gestalt school to develop her Visual Motor Gestalt test. She went on to study children's art productions. She wrote such books as "Child Psychiatric Techniques," "Gestalt Principles in Sidewalk Drawings," "Games of Children," and "Aggression, Hostility, and Anxiety in Children." Much of her work was done in close collaboration with her husband Paul Schilder, also a psychiatrist at Bellevue Hospital.

Another pioneer in the field of art therapy was Margaret Naumburg, a clinical psychologist, who saw that the relationship between children's art and their unconscious needs reflected their behavior. She felt that the visual arts could serve as a form of release from childhood frustrations and fears. Her book, "The Child and the World," was published in 1928. Margaret Naumburg continued her writings and her psychoanalytic work, and in 1960 became a graduate teacher in the department of education at New York University.

Art education and art therapy merged with the arrival of Viktor Lowenfeld in the forties. He was with the department of education at Pennsylvania State University from 1946 to 1960, and his books, articles, and speeches set the stage for practices among art educators at that time. His work was significant for several reasons. First, he laid a psychological foundation for the way children develop in and through art; second, he crystalized the teachings of progressive education; and third, because his psychological system became one of the major systems in which art teachers were trained during the late forties and fifties.[5]

Lowenfeld coined the term "Art Education Therapy." His interest was in the creative and mental growth of the child, and he saw art as a way of implementing this growth. He felt the child was of primary importance, the product secondary. He expressed the idea that all things affect the child as a total human being. A lack of security in one area will affect the child's artistic expression "because all that a child does belongs to his personality and affects him as a whole."[6] He stated further, "Art education unites his thinking, with his feeling, with his perceiving, into an integrated whole."[7] Certainly this statement shows his interest in and knowledge of Gestalt and Jungian psychology.

Lowenfeld also did research in the therapeutic aspects of art with handicapped children: the blind, deaf, organically defective, mentally retarded, and emotionally disturbed. He felt that all children should develop their potentials and wrote, "We are all by nature more or less endowed with intrinsic qualities and no one has the right to draw a demarcation line which divides human beings into those who should receive all possible attention and those not worth all our efforts."[8]

Another early pioneer in art therapy education was Edith Kramer. Although she had studied child psychology at the Psychoanalytic Institute in Prague, she was first and foremost an art teacher. She escaped from the Nazis in Czechoslovakia in 1938, and started work as a shop and art teacher the first week after her arrival in the United States. In 1950 she developed an art therapy program at the Wiltwyck School for disturbed boys. Elinor Ulman wrote in the Winter 1961 Bulletin of Art Therapy that, although both Naumburg and Kramer based their formulations on psychoanalytic theory, Kramer, by being at once "artist, therapist, and teacher," developed the depth and breadth of art therapy that Naumburg only touched on in her earlier work.[9] Kramer has stated, "Psychiatric procedures where artistic values are of secondary importance are not art therapy."[10] Kramer brought art teaching into art therapy, whereas Lowenfeld had brought art therapy into art education.

Great interest continued in the psychological aspects of art education with the writings of Herbert Reed, Schaefer-Simmern, Pasto, Whitken, Gonder, Gaitskell, Arnheim, and others. On October 4, 1957, however, an event occurred which was to have a profound effect not only on art education, but on all forms of education. Sputnik was launched by the Russians. The rush for scientific achievement was on. Art education, along with the other creative arts, was relegated to the basement.

By 1966 the state of art education in California had fallen so low that Max Rafferty, then Superintendent of Public Instruction, pointed out that such an imbalance, if continued, would "result in a generation with no artists able to produce masterpieces and with no

patrons to mourn their loss."[11]

A framework for art education was devised and adopted by the California State Board of Education which was supposed to assist in reversing the trend towards deemphasization of the arts. This framework stated there were four aspects to art education: (1) seeing and feeling visual relationships, (2) producing works of art, (3) knowing about and understanding art objects, and (4) evaluating art products.[12] The shift was from process to product, from sensitivity to procedure. Along with this came teaching objectives with periodic written reports as to whether such goals were obtainable.

Art therapy, at the time of Sputnik, was still slow in its development. In 1957 only a handful of art therapists were working in the United States. Psychoanalysts had not made much use of this auxiliary technique, and Elinor Ulman, editor of the Bulletin of Art Therapy, suggested that "Perhaps the art therapists should rush in where the analyst fears to tread."[13] This seems to be exactly what happened. With the deemphasization of creativity in art in the public schools, growth in art therapy with its emphasis on creative self-expression suddenly occurred. New names appeared in the early editions of the Bulletin of Art Therapy, among them Margaret Howard, Hanna Kwiatkowska, and Don L. Jones. Courses were being offered in universities on the east coast, such as the University of Maryland, Miami University in Ohio, the New School of Social Research and Syracuse University, both in New York. The International Society of the Psychopathology of Expression was founded in 1959 with 31 members. Membership had increased to 280 by 1961. This group was also interested in the therapeutic aspects of art.

In 1969 the American Art Therapy Association was founded, and this was the culmination of a long struggle for recognition by the early pioneers in this field. Art therapy was, at last, coming into its own. Therapists who had been practicing for years got together to set standards for membership and registration, a code of ethics was adopted, and, as professional standards were established, more job opportunities opened up. Although more art therapists were finding work, they were still being employed under a variety of job titles. For example, Harriet Wadeson, although practicing art therapy, was termed an Educational Therapist at the National Institute of Mental Health at Bethesda, Maryland.

In California in the late sixties, Dr. Tarmo Pasto was involved in art therapy research at Sacramento State University. Janie Rhyne, California's most prominent art therapist, was working with the Gestalt Institute in San Francisco, and Helen Langarden was an art psychotherapist at Cedars-Sinai Medical Center. A few other art therapists such as Norman Woodbury and Virginia Goldstein were working in day treatment centers, but, although art therapy's growth was rapid on the east coast, it was slow in developing on the west coast.

Today in California, art therapy is booming. Immaculate Heart College in Los Angeles offers a Master's degree in art therapy. This program is under the direction of Helen Langarten, A.T.R. Dr. Donald Uhlin heads the art with emphasis in art therapy program at California State University, Sacramento. He is also on the board of the American Art Therapy Association.

There is a Southern California Art Therapy Association with about 75 professional members, and a Northern California Art Therapy Association with approximately 50 professional members. Art therapists in California have a state civil service job classification, and are mentioned in a number of job categories in health department licensing and certification regulations.

How, then, does art therapy relate to art education, and will art therapy help revitalize art education? The federal law (PL 94-142) deals with providing education for all handicapped children. Art therapists are mentioned in the comments relating to related services. In California, if an assessor of a school district writes art therapy into an individualized education program, then an art therapist may be hired to help that child. Since there are about eight million handicapped children in the United States, the potential for art therapists working with handicapped children is tremendous.[14] The classroom teacher is not adequately trained to deal with these special children.

Since art therapy, as shown from its history, is related and in some areas overlaps art education, what better place is there for an art therapy education than in an art education department of a college or university?

As the market for art teachers decreases, the market for art therapists will undoubtedly open up. Art therapy offers to open new doors for teachers with additional training in this field. By adding art therapists to the staff of an art education department, art therapy will not only enrich art education, but will add job potential for those students who wish to use their art training to help others.

From January 1 to March 15 of this year, over 100 letters inquiring about the art therapy program at California State University, Sacramento, were received. This shows that the interest is there, and we know the time is ripe, so wake up, art educators. It's time for you to revitalize your departments and take advantage of this new and growing field.□

FOOTNOTES

1. Roger M. Williams, "Why Children Should Draw," *Saturday Review* (September 3, 1977) p. 14.
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3. John Dewey, *Art as Experience* (New York: Balch and Company, 1934) p. 27.
4. Calvin S. Hall and Vernon J. Nordby, *A Primer of Jungean Psychology* (New York: New American Library, 1973) p. 15.
5. Elliot W. Eisner and David W. Esker, "Some Historical Developments in Art Education," *Concepts in Art and Education* ed. George Pappas (New York: MacMillan Company, 1970) p. 22.
6. Viktor Lowenfeld, *Speaks on Art and Creativity* ed. W. Lambert Brittain (Washington, D.C.: National Art Education Association, October 1968) p. 27.
7. Ibid.
8. Viktor Lowenfeld, *Creative and Mental Growth* 3rd edition (New York: MacMillan Company, 1957) p. 430.
9. Elinor Ulman, "Art Therapy: Problems of Definition," *Bulletin of Art Therapy* I. No. 2 (Winter Issue 1961). p. 17.
10. Ibid.
11. California State Department of Education; *Art Education Framework*, (1971) p. 2.
12. Ibid.
13. Ulman, *loc. cit.* p. 16.
14. Sharland Trotter, ed. "Free education for handicapped children" *American Psychological Association Monitor* Number 1, 1976.

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Headstart Photographers

by NANCY STARRELS† A.T.R.

"The purpose of education," writes Eli Siegel, founder of the philosophy, Aesthetic Realism, "is to bring to the child's desire for order and diversity, fit material through which this desire can operate." However, he points out, "order and diversity cannot be given to a child as, say, an apple might be. Rather, the job of parents and teachers is to see that "the desire for full accuracy already existing in a child not be blunted or distorted."

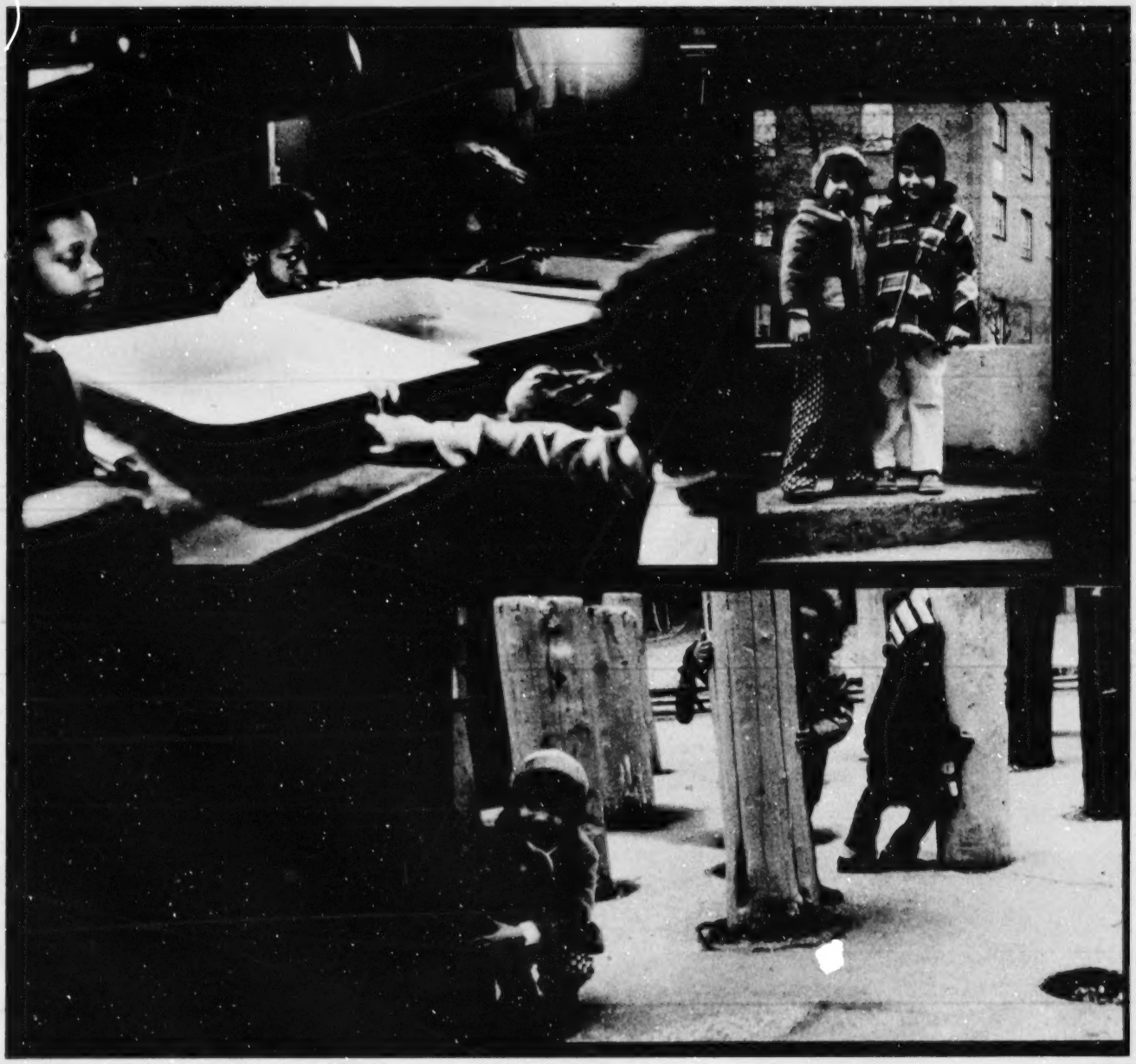
How effectively photography meets the desire for order and diversity as one thing was brought home to me in teaching it to three and four-year-olds. It began almost by chance. To reach the darkroom at Hamilton Madison House where I taught photography to teenagers, we had to go through a Headstart classroom. Also, it was their sink we used to mix chemicals and wash our prints. For a long time relations were generally polite but strained. We tried not too successfully to keep them and their hamsters out of our darkroom and their fingerprints away from our pictures. They, with even less success, tried to anchor down or hide all removable objects and to keep our chemicals off of their Halloween pumpkins, peanut plants and valentines. In short, we all made a determined effort to ignore each other. That is how it was.

Then one day a large poster appeared on the Headstart wall. It said in large letters THINGS I AM AFRAID OF and beside each child's name was a list of fears: lions, monsters, dogs, ghosts, Daddy—sometimes, being alone, elevators, getting lost—and almost everyone was afraid of the dark. I had forgotten how afraid I once was of the dark which, thanks to photography, I have come to love so well. With a darkroom close at hand we certainly had a means of making fear less. I felt ashamed of my indifference and wanted to change.

It was with this in mind that I spoke with Evelyn Harris, Headstart teacher, and Ora Welsh, Director of the program. We decided to try a six week class in photography. We hand't the slightest idea what would occur but at least we hoped some children might discover that the dark wasn't so frightening. So, that is how the photography class began.

With all of their tremendous, often formless energy, children do, I saw, have an equally strong desire to be accurate, too. This was evident as we practiced holding the instamatic cameras steady. Michael suggested that breathing makes bumps so everyone should hold their breath, and he went around the class making certain that everyone held his breath at the right moment.

I took the children to a playground they knew well. On the way I told them one of the great things about photography is how strange and interesting your feet and your friends look through the viewfinder of a camera. At the playground they could photograph anything they wanted as long as it



was something that really excited them. I was prepared to suggest subjects, but that was unnecessary. Clearly, the most exciting subject was themselves and each other. As a matter of fact, most photographers were torn between wanting to photograph and wanting to be photographed. I was surprised at the care with which they selected and arranged their subjects. Robert, for instance, suggested that some children hide behind wooden posts and wait until he yelled "Come out!" Almost everyone thought this was a fine idea. No one cared that someone else was photographing the same subject. We have lots of pictures of children coming out from behind posts. Each was as meaningful to its creator as the others. This is not to imply that children aren't competitive. I saw plenty of competition for toys and teachers' attention, but for the while at least the wonder of holding a camera in one's hand and looking at the world through it was uppermost.

I invited the children to come with me into the film-loading room which is completely dark. Some refused; some came timidly, a few with eagerness. When I asked them how they felt, most children said the dark was scary. I wanted to know what they had liked photographing best and explained that we were putting that picture into the tank now and soon we would be able to see it. Meanwhile, we could see it in our minds right this minute, even in the dark. I told them sometimes I didn't like being in the dark so much either, but thinking about the pictures made it seem light. Robert said it was like being under the covers and thinking about outside.

In the darkroom, freedom and order, chance and planning, precision and surprise meet, and the children loved it! They were delighted with the word "safelight" and repeated it over and over again. Yolanda wanted to know if there is safe dark, too? They learned the names of the chemicals and enjoyed rocking the trays. They counted the seconds in the short stop, usually in chorus and at the top of their voices. They all learned to work the timers and never tired of doing so. Though "everything looked funny," they were able to recognize themselves and each other as they looked at the negatives under the enlarger, and some photographers made suggestions for the cropping of their pictures.

The moment when the image emerges in the developer, that miraculous instant when nothing becomes something before your eyes, was as thrilling to them as to Weston or Ansel Adams. As Jo-Anna looks into the developing tray, what does she see to explain that look of attention and exuberance, the triumph and awe in her face? In that tray the fleeting moment is fixed; the ordinary and the strange merge; light and dark together change blankness into a world we recognize. According to Aesthetic Realism, "All beauty is

the making one of opposites, and the making one of opposites is what we are going after in ourselves." Jo-Anna is not too young to feel this. She does feel it and it is beautiful.

Through the weeks of the class the unexpected was constantly present. There was, for instance, the time when Michael, watching a photograph come up in the developer, suddenly shouted, "Yolanda's drowning!" And then there was the mystery, deep as anything, of oneself as simultaneously personal and impersonal, under one's skin and out there, too. This I think is what affected Lisette when, seeing a picture of herself, she cried, "that's me!" and burst into tears. There were struggles between hope and fear and some important victories. Junius, after ten minutes in the darkroom for the first time, announced firmly, "I'm leaving!" The next week he came back. This time, he told me, "I'm going to like it. I made up my mind." And he did.

All of this happened which is not to say that things went smoothly. The photographers fought with each other, cried, fell off their stools into the developer and all over each other. Not everyone took sharp pictures. We have many photographs of feet and blurred sky.

At the end of the six weeks the photographs were exhibited at a luncheon for Headstart parents. I was surprised to find that the children were mainly bored by this aspect of photography. Warren represented the general feeling when to his mother's exclamations — Did you do that? You didn't do that did you? — he replied, "Sure I did — a long time ago," as he walked away, exasperated. For him and the other children, the pleasure and excitement was in seeing and learning, not in exhibiting and getting praise.

"Children," says Eli Siegel, "are really desperate to see the world as pelasing; and their desperateness is part of a wise hope." I am grateful to the nineteen children in the Headstart class because they showed me freshly how photography in its own particular and wonderful way meets our hope to like the world.□

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